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Gender Responsive Advisory Committee

October 13, 2021

TO: Supervisor Hilda L. Solis, Chair
Supervisor Holly J. Mitchell
Supervisor Sheila Kuehl
Supervisor Janice Hahn
Supervisor Kathryn Barger

FROM: Eunisses Hernandez, Chair

SUBJECT: GENDER RESPONSIVE ADVISORY COMMITTEE RECOMMENDATIONS

On February 12, 2019, the Los Angeles County Board of Supervisors passed a motion, 'Building a Gender-Responsive Criminal Justice System,' to help initiate, extend, and maintain efforts to address the needs of justice-involved women. Among its mandates, the motion called to reconstitute the Gender Responsive Advisory Committee (GRAC) with representatives from each supervisorial district as well as the District Attorney's Office, Public Defender, Department of Health Services, Department of Mental Health, Department of Public Health, and Sheriff's Department. On July 21st, 2020, the Board revised the February 2019 motion to expand the focus on women as well as transgender, gender non-conforming and/or intersex individuals; any facility these populations may reside; and special recognition of alternatives to incarceration and reentry.

GRAC members have worked for the past year to develop recommendations to improve the gender responsiveness of the County justice system and to uplift the Board's Care First vision. Besides a system wide emphasis, five ad hoc committees were created to concentrate attention on: Alternatives to Incarceration, LGBTQ+, Data, Health, and Reentry. The attached report outlines general and specific recommendations intended to facilitate new and support existing reform efforts.

This report by the Gender Responsive Advisory Committee is the result of two years of meetings, briefings, and analysis. The recommendations in this report echo many of the

strategies found in the Alternatives to Incarceration Care First, Jails Last report of 2020. The message of this report is clear: Far too many cis women (including people who are pregnant or elderly), as well as two-spirit, lesbian, gay, bisexual, questioning, and transgender, gender non-conforming and/or intersex people are being often needlessly incarcerated when accessible alternatives are available. According to a Rand Corporation analysis, 76% of the people held at the County women's jail, the Century Regional Detention Facility (CRDF), have mental health needs, and could be safely diverted. While the percentage varies day to day, between 45% and 60% of the people at CRDF are awaiting trial. The state Supreme Court's Humphrey ruling earlier this year directed courts to consider ability to pay when setting bail; implementation of pre-trial reforms should dramatically reduce the number of ciswomen and 2S-LGBQ+TGI people held pretrial at CRDF and the K6G Units.

Given the decision to close Men's Central Jail, LA County must reduce the custody population, and we urge the Board of Supervisors to implement these recommendations as quickly as possible. We further recommend that LA County adopt the objective of ending the needless incarceration of cis-women and 2S-LGBQ+TGI people by implementing the recommendations of this, and the Care First, Jails Last reports. We are submitting these recommendations to the County at a propitious moment.

LA County has made a commitment to an historic systems transformation. By adopting the Care First, Jails Last approach, and committing to funding it through Measure J and other resources, LA County has laid the groundwork for "going upstream" and providing the services needed to prevent people, including the cis-women and 2S-LGBQ+TGI people who the focus of this report are, from ever getting caught up in the justice system. By doing so, we will improve community health and safety for every resident of LA County.

If you have any questions, please contact me at 323-820-8677 and Eunisses@ladelensx.org.

Please see the report attached.

With gratitude and in solidarity,
Eunisses

EH:mmk

Attachment

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors



LOS ANGELES COUNTY GENDER RESPONSIVE ADVISORY COMMITTEE 2021 RECOMMENDATIONS



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Saharra White of Dignity and Power Now speaks at a jail closure rally at Men's Central Jail

EXECUTIVE SUMMARY

Fifty years ago, there was not a single woman in a U.S. jail in nearly three-quarters of all U.S. counties. Today women are the fastest growing population in U.S. prisons and jails. Additionally, two spirit, lesbian, gay, bisexual, questioning, and transgender, gender non-conforming and/or intersex (2S-LGBQ+TGI) people are experiencing similar increases in incarceration. In LA County, there are approximately 1,300 people incarcerated in the Central Regional Detention Facility (CRDF) daily. While local population data is not available to definitively determine the number of 2S-LGBQ+TGI people in LA County custody, based on national data, the 2S-LGBQ+TGI population appears significant. A recent study based on a National Inmate Survey indicated that one-third of incarcerated women identify as lesbian or bisexual.

Among the people in CRDF and K6G, a majority are parents, often the primary caretaker of their children, and disproportionately people who are

Black, brown, indigenous, and low income. While research on these populations, particularly on cis-women and 2S-LGBQ+TGI population is limited, cis-women and 2S-LGBQ+TGI individuals in custody have experienced high levels of physical, emotional, and sexual abuse prior to incarceration.

Additionally, Black, brown, indigenous, and low income cis-women and 2S-LGBQ+TGI people are over-represented at every stage of the criminal legal system. According to national estimates from the Vera Institute of Justice:

- 86 Percent of women in jail have experienced sexual violence
- 77 percent have experienced intimate partner violence
- More than 1 in 5 transgender women have been incarcerated during their lifetime, and the likelihood is still higher for Black and brown women.

Cis-women and 2S-LGBQ+TGI people also sometimes experience trauma and violence while incarcerated. For example, in 2019 LA County settled a class action lawsuit for \$53 million after years of degrading and intrusive strip searches at the County women's jail, a settlement that illustrates the widespread harm people in custody routinely experienced at the Century Regional Detention Facility (CRDF). The experience of violence often does not end with their incarceration.

The LA County Board of Supervisors tasked the Gender Responsive Advisory Committee with how to improve services and outcomes for these often-overlooked populations, and to make recommendations aligned with the County's Care First, Jails Last approach. That approach, adopted by the Board of Supervisors in 2020, calls for the establishment of a community-based system of care to reduce reliance on incarceration as a response to the consequences of poverty and trauma, as well as promote community safety and wellness.

This report by the Gender Responsive Advisory Committee is the result of two years of meetings, briefings, and analysis. The recommendations in this report echo many of the strategies found in the Alternatives to Incarceration Care First, Jails Last report of 2020.

The message of this report is clear: Far too many cis women (including people who are pregnant or elderly), as well as two-spirit, lesbian, gay, bisexual, questioning, and transgender, gender non-conforming and/or intersex people are being often needlessly incarcerated when accessible alternatives are available. According to a Rand Corporation analysis, 76% of the people held at the County women's jail, the Century Regional Detention Facility (CRDF), have mental health needs, and could be safely diverted. While the percentage varies day to day, between 45% and 60% of the people at CRDF are awaiting trial. The state Supreme Court's Humphrey ruling earlier this year directed courts to consider ability to pay when setting bail; implementation of pre-trial reforms

should dramatically reduce the number of cis-women and 2S-LGBQ+TGI people held pretrial at CRDF and the K6G Units.

Given the decision to close Men's Central Jail, LA County must reduce the custody population, and we urge the Board of Supervisors to implement these recommendations as quickly as possible. We further recommend that LA County adopt the objective of ending the needless incarceration of cis-women and 2S-LGBQ+TGI people by implementing the recommendations of this, and the Care First, Jails Last reports.

We are submitting these recommendations to the County at a propitious moment. LA County has made a commitment to an historic systems transformation. By adopting the Care First, Jails Last approach, and committing to funding it through Measure J and other resources, LA County has laid the groundwork for "going upstream" and providing the services needed to prevent people, including the cis-women and 2S-LGBQ+TGI people who the focus of this report are, from ever getting caught up in the justice system. By doing so, we will improve community health and safety for every resident of LA County.

We would like to extend our thanks to the County Chief Executive's Office, Department of Health Services, Department of Mental Health, Department of Public Health, DHS-Office Diversion and Reentry, Public Defender's, the Women & Girls Initiative, the LA County Sheriff's Department, community members who participated in the development of this report, and the Board of Supervisors' appointees to the Gender Responsive Advisory Committee for their dedicated and thoughtful work over many months.



INTRODUCTION

In Los Angeles (LA) County the incarceration of cis-gender women, two spirit, lesbian, gay, bisexual, questioning, and transgender, gender non-conforming and/or intersex (2S-LGBQ+TGI) individuals is at the center of many critical issues including the closing of Men's Central Jail, pretrial reform, and justice reinvestment. Cis-gender women and 2S-LGBQ+TGI individuals in LA County deserve the resources, services, and housing they need to thrive and keep loved ones together. The lack of community based comprehensive health services dedicated to cis-gender women and 2S-LGBQ+TGI individuals in LA County has led to a significant increase in the number of people with mental health substance use and behavioral health needs suffering within the LA County jail system. Justice involved cis-gender women and 2S-LGBQ+TGI individuals face tremendous barriers in successfully reentering our communities and in accessing housing for themselves and/or their loved ones. They also experience barriers to employment, education, legal services, and in accessing community-based mental health, substance use, and behavioral health services. These barriers and lack of access to community-based services place justice involved cis-gender women and 2S-LGBQ+TGI individuals in survival situations that can lead them to be repeatedly incarcerated.

In the first months of COVID-19, the average daily jail population in LA County decreased by 5,000 because of policy changes designed to stop transmission of the virus. However, these releases did not reduce racial disparities, in fact Black women received the least amount of relief and spent more days incarcerated than almost every other race group by gender. **As of July 21, 2021¹** there are 1,310 women in the LA County jail system, and 57% of those women are currently incarcerated pretrial. Many of them are incarcerated pretrial because they are unable to pay their bail, and/or lack community-based pretrial services. Additionally, **68%²** of people in Century Regional Detention Facility (CRDF) have a mental health need that requires psychotropic medication and/or placement in a mental health unit; and 65% have a substance use disorder requiring

1 Vera Institute of Justice. "Care First L.A.: Tracking Jail Decarceration" <https://www.vera.org/care-first-la-tracking-jail-decarceration>

2 Los Angeles Sheriffs Department. "Transparency: LASD Mental Health Count" https://lasd.org/wp-content/uploads/2021/07/Transparency_LASD_Mental_Health_Count_070621.pdf



intervention or treatment services. A study by the RAND Corporation, **Estimating the Size of the Los Angeles County Jail Mental Health Population Appropriate for Release into Community Services**,³ concludes that 74% of women in the LA County jail system would be appropriate to be diverted to the Office of Diversion and Reentry. Similar efforts need to be made to divert individuals with substance use disorders to appropriate intervention (e.g., harm reduction) and treatment services (e.g., Medications for Addiction Treatment, outpatient, or residential care) to address this health condition and promote public safety for all. The data shows there is more we can do to better serve justice involved cis-gender women and 2S-LGBQ+TGI individuals.

The Los Angeles County Board of Supervisors have taken phenomenal steps in moving forward with a Care First vision. The recommendations developed and uplifted by the GRAC in this report are intended to facilitate the Board's goals of implementing a Care First vision, its anti-racism policy agenda, and the closing down of Men's Central Jail, with a mandate that the rights of people are protected from the first contact with law enforcement and throughout the process.

Background and Process

In October of 2020, the GRAC Executive Steering Committee voted to create five Ad Hoc Committees focused on the following topics: Alternatives to Incarceration, LGBTQ+, Data, Health, and Reentry and tasked with developing recommendations to meet the following goals: (1) improve programming and services at the Century Regional Detention Facility (CRDF); (2) enhance reentry initiatives and expand community-based reentry services, to promote successful reintegration into the community; and (3) expand alternatives to incarceration, including diversion and community-based prevention programs.

The Ad Hoc Committee meetings were attended by GRAC members, people directly impacted by incarceration, community advocates, county departments, and health care workers.

3 Rand Corporation. "Estimating the Size of the Los Angeles County Jail Mental Health Population Appropriate for Release into Community Services" https://www.rand.org/pubs/research_reports/RR4328.html



Angelique Evans of Young Women's Freedom Center speaks at an event.

The Ad Hoc Committees synthesized the Gender Responsive Framework and Strategic Implementation Plan (SIP) developed by The Moss Group Inc. (TMG). In 2019, the office of the Chief Executive Officer (the CEO) retained TMG to provide gender-responsive justice consulting services to the GRAC and the Los Angeles County Sheriff's Department (LASD). Their task was to evaluate and provide recommendations for expanding, initiating, and maintaining gender-responsive and trauma-informed programming and services at CRDF.

Members from the GRAC committee reviewed TMG's two reports: Gender-responsive Priorities Framework and Strategic Implementation Plan. We found there was overlap and similarities with the GRAC's recommendations such as case management, initial experiences, clinical services/programming, and continuum of reentry services and the GRAC's report aligns with these specific topics. The GRAC Ad Hoc's incorporated TMG's recommendations that are still relevant in the current LA County landscape and jail population into this GRAC report. Even though there was a general overlap in the outlined priorities and goals, there were significant differences with the recommendations listed in the TMG reports that cannot be supported by the GRAC in its entirety. TMG's reports were developed in a drastically different climate than the one we are currently experiencing, due in part to the COVID-19 pandemic, the Board's commitment to Men's Central Jail closure, AB109 funds into alternatives to incarceration, and shifts in popular mandate, including Measure J. Considering the present pandemic, recommendations of LA County specific service providers, LA County's Care First vision, and the unprecedented increase in the severe mental health population at CRDF and K6G, the GRAC has concluded that TMG's recommendations don't support the current landscape. Additionally, the limited research of the mental health population, and the lack of focus on decarceration of CRDF to community-based care, does not meet this critical moment.

LOS ANGELES COUNTY GENDER RESPONSIVE ADVISORY COMMITTEE 2021 RECOMMENDATIONS

LGBTQ+ Ad Hoc Recommendations

Introduction

The Gender Responsive Advisory Committee (GRAC) LGBTQ+ Ad Hoc recommendations focus on guiding the implementation of the Alternatives to Incarceration Workgroup's (ATI) Final Report recommendations and supporting the closure of Men's Central Jail (MCJ). We endorse both the ATI Final Report and the MCJ Closure Report and expand on the recommendations to better support Lesbian, Gay, Bisexual, Queer, Trans, Gender Non-Conforming, Non-Binary and Intersex (LGBTQGI+) people at all intercepts of the ATI spectrum. Our guiding principles are that these populations are fully divertible and that in order to successfully divert these populations, the County must take an intersectional approach to each strategy that targets racial inequality.

LGBTQGI+ people are incarcerated across all LA County jail facilities. The total population in the county's jail system is undetermined due to both issues of safe disclosure and current data collection methodologies. Currently, people who self-report as LGBTQ+ can be screened for placement in one of two LGBT units, a population tracked by the Los Angeles Sheriff's Department (LASD). Based on our interviews with TGI service providers, this current method underreports these populations due to mistrust and fear of the Sheriff's Department. We can, however, provide an estimate based on general population estimates for LGBTQGI+ people in California and the county's reporting on the population in K6G (LGBT Unit). A snapshot of the K6G population from August 19, 2020 reported 382 people currently incarcerated in that unit, accounting for 3% of the jail population.⁴ This August 19 report also identified 1,154 people in CRDF. Population estimates by UCLA School of Law Williams Institute place California's LGBTQGI+ population at 5.3%.⁵ Based on these estimates, we conclude that the population of LGBTQGI+ people within CRDF may range from 35 - 62 people. Considering the likelihood of underreporting, our estimated total population ranges from 417-706 individuals.

According to the Vera Institute of Justice's reporting, nearly 45% of the K6G population is pretrial and "60% have a mental health condition but not in the high acuity groups (P3/P4), suggesting that many in this group can be released safely without the most intensive mental health treatment services" National data also suggests that 65% of incarcerated individuals meet criteria for a substance use disorder, while another 20% who do not meet official criteria are under the influence of alcohol or drugs at the time of arrest.⁴ For those with more intensive mental health and substance use disorder needs, the County has infrastructure

4 Department of Health Services, Office of Diversion and Reentry, Los Angeles Sheriff's Department. March 30, 2021. "Men's Central Jail Closure Plan: Achieving a Care First Vision." Los Angeles County Men's Central Jail Closure Workgroup. http://file.lacounty.gov/SDSInter/bos/bc/1104568_DEVELO_1.PDF

5 LGBT Demographic Data Interactive. January 2019. "LGBT Data and Demographics, California." The Williams Institute, UCLA School of Law. <https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT&area=6#density>

in place through the Office of Diversion and Reentry, in collaboration with DMH and DPH, to support these populations, pending increased resourcing from the County. Additionally, “[the] disproportionate incarceration of Black people that exists systemwide is exacerbated for this group.” Decarceration efforts implemented in 2020, including the implementation of \$0 bail at the onset of the pandemic, have only exacerbated these racial disparities. Black people are 8 percent of the county; 30 percent of the jail population; and 40 percent of incarcerated people in the K6G/LGBT units.

The primary objective of the following recommendations is to end the incarceration of LGBTQI+ people in Los Angeles County. In the interest of both gender and racial equity, we recommend that the County also adopt this as a primary objective. These recommendations build upon recommendations found in the Alternatives to Incarceration Workgroup Final Report.

Harm Prevention

1. *(ATI Recommendations #3, #6 and #9)* Fund community-based organizations led by TGI and LGBTQ+ people — such as Gender Justice LA and Trans Latin@ Coalition — in order to create and outreach campaigns for families and support networks on affirming gender identity and queerness as well as community support options. This will help prevent trauma and promote stronger social support networks for LGBTQ+ / TGI people.
2. *(ATI Recommendations #12, #16 and #17)* Create safe consumption sites, other drop-in sites, and safe landing spaces that will serve as single points of entry for wrap-around services.
 - a. The County should investigate what policy and funding changes are necessary for implementation of safe consumption sites, other drop-in sites, and safe landing spaces.
3. *(ATI Recommendations #3, #4 and #44)* Expand the number of trained non law enforcement response teams (e.g. MDT, PMRT, etc.) to minimize trauma from family separation and connect caregivers to community-based organizations that can provide support. Fund CBOs to ensure that response teams can do warm handoffs to community based services.



Helen Jones of Dignity and Power Now speaks at a Justice LA Rally in Downtown Los Angeles

4. *(ATI Recommendations #50 and #51)* Create documentation standards for instances of homophobia, transphobia, and misogyny by law enforcement and establish appropriate discipline processes for such complaints. LASD and the Office of the Inspector General must:
 - a. amend their processes for receiving complaints to include the categorization of homophobic, transphobic, and misogynist violations, and
 - b. revoke LASD authority to investigate complaints against themselves by moving all disciplinary action outside of law enforcement and making disciplinary procedures transparent to the public.
5. *(ATI Recommendations #12 and #52)* Decriminalize survival acts (e.g. drug use, drug possession, sex exchange/sex work, public intoxication, fare evasion, license suspensions, etc.) and instead connect individuals to harm reduction and community-based services. Increase funding for harm reduction and community based services for low-income and at-risk individuals engaged in survival acts.
 - a. This is in line with District Attorney George Gascón's policy⁶ to decline charges for many survival acts classified as misdemeanors.
 - b. The County should investigate the policy changes necessary for implementation and coordinate a statewide advocacy effort with the legislature and courts to decriminalize survival acts across California.
6. *(ATI Recommendations #33 and #67)* Prevent cis-women LGBTQ+ and TGI people from losing licenses or vehicles due to inability to pay by:
 - a. funding free Court-ordered DUI classes. The County should make court-ordered DUI classes fee-free for those that qualify for indigent defense counsel. The Department of Public Health (DPH) currently monitors, approves, and subsidizes DUI programs through state funding, so we recommend that DPH provide a full backfill to make the classes free;
 - b. ending non-safety related/debt-related towing. Currently, cars can be towed for unpaid tickets or registration (which can be held up by unpaid tickets), and if a person cannot afford the impound fee, they lose their vehicle. Instead, a car should only be towed if it's causing a traffic safety hazard.
 - c. The County should investigate the policy changes necessary for implementation and coordinate a statewide advocacy effort with the legislature and to end non-safety related towing across California.
7. *(ATI Recommendations #33 and #67)* Prevent LGBTQ+ and TGI people from being re-incarcerated due to warrants by:
 - a. expanding access to expungements and clearing warrants and civil assessments for failures to appear or pay without threat of arrest;
 - b. funding LGBTGI+ led organizations to participate in existing expungement clinics and create their own community events, which should be funded adequately to provide childcare and other necessary resources to aid in participation;
 - c. creating mechanisms to clear warrants and civil assessments for failures to appear or pay via phone or internet to facilitate easy access for those who cannot attend in-person events;
 - d. funding the development of a unit at the public defenders' offices that helps people address

6 George Gascón. December 7, 2020. "Special Directive 20-07: Misdemeanor Case Management." Los Angeles District Attorney. <https://da.lacounty.gov/sites/default/files/pdf/SPECIAL-DIRECTIVE-20-07.pdf>

- warrants for failures to appear, along with attendant consequences (e.g. removing license
- e. suspension, civil assessments, unpaid tickets, impounded cars, criminal case representation, etc.);

Court Support

1. *(ATI Recommendations #32, #33 and #34)* Fund and offer voluntary support services throughout people's interactions with the court system, including family reunification, housing, employment training and opportunities, healthcare needs, peer advocates, and fines and fees support.
2. *(ATI Recommendations #30, #33 and #53)* Subsidize public transportation to and from court and develop a platform to match individuals with service providers and transportation.
3. *(ATI Recommendation #33 and #53)* Advocate with the LA County Superior Court for flexible court appearance times.
4. *(ATI Recommendation #32, #33, #34 and #66)* Increase the number of social workers and attorneys at the Public Defender's Office, including peer navigators and community health workers (CHWs), that focus on LGBTQ+ and TGI clients to increase referrals to collaborative courts as well as connections to service providers.
 - a. When employing peer navigators and community health workers (CHWs), emphasize a diversity of lived experiences of not only incarceration, but also houselessness, living with a mental health condition, being in recovery, and surviving intimate partner violence. These navigators and CHWs should also include people of different gender identities and sexual orientations in line with the varied experiences and identities of incarcerated people as well as the priority to divert cisgender women and LGBTQ+ people from jail.
 - b. Increase peer navigator and CHW access to people in custody by reducing barriers to professional visitation for in-person and video visits.
 - c. The County should investigate the policy changes necessary for implementation and coordinate a statewide advocacy effort with the legislature to reform screening mechanisms for access to jails across California in order to allow peer navigators greater access to incarcerated clients.
5. *(ATI Recommendations #32, #33 and #34)* Expand funding for existing reentry peer navigator and community health worker (CHW) programs, such as ODR's Reentry Intensive Case Management Services (R-ICMS) program.
6. *(ATI Recommendation #34)* Continue to fund existing release planning programs in jail that are rooted in a public health approach, such as Correctional Health Services Care Transitions and Whole Person Care Reentry.
7. *(ATI Recommendation #34)* Develop a coordinated mechanism between all prosecuting agencies, health agencies, and the Public Defender's Office to identify and support the release of individuals who would benefit from compassionate release.
 - a. This is in line with District Attorney George Gascón's policies.



Diana Zuñiga, Founder & Principal of Tres Lunas Consulting, Member of the Reentry Health Advisory Collaborative, and of Reimagine LA Coalition.

8. (New Recommendation) Establish and expand court video arraignments to increase accessibility for people in quarantine or who cannot attend in-person court hearings. Video arraignment should be in addition to, not in place of, in-person court appearances, and utilized as a tool when in-person appearances are not medically possible. Funding for expanded video resources should be sourced from the existing Sheriff's and Court budget's and should not increase funding to the department.

Diversion and Reentry

1. (ATI Recommendation #49 and #64) Expand compassionate release for people with medical, behavioral, and mental health needs, including all pregnant and lactating individuals, as identified by DHS, DPH, LASD, courts, ODR, PDs, and DAs, to protect their health and reduce potential exposure to COVID-19 and other infections and life-threatening illness. Ensure safe release by connecting these individuals with adequate services.
2. (ATI Recommendations #50 and #52) Prioritize the diversion out of jail/away from jail of sex workers

by connecting them with voluntary services and funding organizations run by and in service of sex workers/former sex workers and TGI people, such as TransLatin@ Coalition. The City Attorney's Office and other law enforcement agencies must enact policies that prevent the arrest and prosecution of sex workers, in line with DA Gascon's current policies.

3. *(ATI Recommendation #40 and #65)* Create a comprehensive map of all diversion options and eligibility criteria accessible to all justice partners and the community in order to increase access to these services. The ATI Initiative is currently developing this platform.
4. *(ATI Recommendations #2, #17, #33, #34, #71 and #73)* Fund the development of service hubs for TGI and LGBTQ+ people, accessible regardless of supervision status and staffed by trans-led service providers, that offers access to:
 - a. Transportation: Coordinate transportation for people reentering communities by granting the right to be taken back to the place of arrest, funding CBOs that provide these services such as Sister Warriors and Anti-Recidivism Coalition, and providing peer navigators that can support clients with transportation to and from court.
 - b. Reentry services: Create localized care sites to support reentering individuals by distributing care kits (containing masks, medication, transportation cards, etc.) and connecting them with resources and support during the critical 48-72 hours immediately after release. Fund LGBTQ+ and TGI-led organizations that can provide these services, and increase ODR resources for housing and treatment specifically for TGI and LGBTQ+ people.
 - i. Follow-up care: Fund a follow-up care team to increase and expand staffing for TGI and LGBTQ+ peer navigators, such as Whole Person Care and ODR Reentry.
 - c. Peer navigators: Increase integration with and access to peer navigation with the Public Defender's Office and health departments. Peer navigators will work with the Public Defender's Office to coordinate reporting responsibilities to either probation or parole.
 - d. Coordination: create a coordinated care system that connects LASD, CDCR, and the Public Defender's Office with service providers to create coordinated release plans for individuals reentering communities. This will take the place of current LASD release policies.
5. *(ATI Recommendation #34, #71, #72 and #73)* Maximize funding for reentry services — including from non-county sources that is independent of particular law enforcement supervision agencies so that service connections can be made regardless of supervision status. Currently, different reentry resources are available depending on a person's supervision status (probation vs. parole), creating unnecessarily complicated, siloed, unequal systems of care. All reentry services should be funded in a simplified manner such that services are provided regardless of supervision status, which can remove artificial barriers to needed services, and relieve administrative burdens on release planners and reentry services providers.

Health Ad Hoc Recommendations

DIVERSION FROM JAIL / DECARCERATION

Incarceration is a trauma experience, and the focus of this work should be to prevent arrest, divert, and decarcerate individuals to reduce that trauma. The root of many “crimes” is unmet needs; individuals are arrested because they have a lack of access to resources or because they have untreated health issues. Lack of access to resources is often related to intersecting oppressed identities which individuals are then criminalized for. No one should be incarcerated for acts of survival, being poor, or behaviors that resulted from systems that were never built to serve them in the first place. Reducing the jail population should be the primary focus when discussing the importance of health because there are clear connections between physical, mental, substance use, and behavioral health issues and incarceration.

1. Decrease CRDF jail population
 - a. a. Develop and expand pre-arrest and pre-booking diversion programs, using interdisciplinary teams, which include people with lived experience, to coordinate needs and strength assessments, health and behavioral health assessments and connections to community-based care in coordination with law enforcement and community providers. (ATI rec 48)
 - i. Divert and/or release individuals with highest mental health, substance use, and medical needs to community-based care with appropriate services and support.
 - ii. Divert and/or release pregnant individuals to hospital settings or maternity health programs within the community with appropriate services and support.
 - iii. Divert and/or release the elderly population to community-based housing with appropriate services and support.
 - b. Increase capacity for LA County’s compassionate release program to release people within CRDF who have chronic health conditions, medical conditions, physical disabilities, severe mental illness, substance use disorders, and who are pregnant. (ATI rec 64)
2. Pretrial/Diversion Programs
 - a. Expand ODR Housing capacity to meet the growing need of all qualifying participants.
 - b. Upon arrest, a comprehensive needs and strengths assessment will be conducted and provided to the court to advocate for pre-trial diversion services. (ATI rec 55-57)
 - c. Increase the number of programs that serve people with specialized health needs such as ODR, Mental Health Diversion, Maternity Health Court, or collaborative courts, Court, DPH-SAPC’s Adult

Angelique Evans
holds a laughing baby



Drug Court, PC 1210, LEAD (led by ODR), Rapid Diversion) Programs.

3. Reducing arrests

- a. Increase relationships and improve processes between response teams, community-based providers, and police in the effort to hospitalize or de-escalate crisis in lieu of arresting a person struggling with mental health and/or substance use issues. Develop a more efficient process for police and first responders to hospitalize an individual in a mental health crisis in lieu of arrest.
 - i. Substantially increase the capacity of crisis response teams when called for a mental health crisis and access to psychiatric hospital beds.
 - ii. Increase ACCESS DMH PMRT teams, DMH HOME team, non-crisis mobile response teams, and ambulances to make response time less than thirty minutes.
 - iii. Increase mental health first responders and co-response teams when 911 is called for mental health crisis.
 - iv. Expand DMH ACCESS and PMRT to ensure in-person response to mental health crises 24 hours/day.
- b. Create and expand decentralized, coordinated service hubs in order to provide individuals with needed health services that will reduce risk of arrest based on need (ATI rec 2)
- c. Eliminate arrests and/or booking for those who are pregnant and encourage non-law enforcement community crisis response or hospitalization.
- d. Decriminalize substance use related acts, connect individuals to supportive services and increase voluntary diversion from custody opportunities for individuals who are under the influence of alcohol and/or drugs to appropriate facilities such as sobering centers.
- e. Decriminalize acts of survival including petty theft for food, sex work, sleeping outside or in tents, carrying a weapon for protection when living outside, under the table work, selling goods etc.

4. Housing First

- a. Increase the amount of forensic inpatient (FIP) hospital beds near CRDF such as at Augustus Hawkins.
- b. Increasing psychiatric urgent care and hospital beds in LA County.
- c. Substantially increase the amount of crisis residential urgent care beds.
- d. Expand DHS and DPH's Sobering Center and services offered.
- e. Substantially increase dual-diagnosis residential treatment beds.
 - i. Residential dual-diagnosis treatment will have an emphasis on mental health and medical evidenced-based practices
 - ii. Evaluate and remove barriers to residential treatment and reasons that lead to early discharge.
- f. Extensively expand the amount of innovative, effective housing solutions in the community including interim housing, psychiatric and medical recuperative beds, harm reduction based sober living facilities, recovery bridge housing, improved board and care settings with appropriate clinical staff, encampment to complex housing (moving an entire unhoused community to the same housing complex), and permanent supportive housing.

5. Court and Probation

- a. Develop clinical teams in court to assess and advocate for individuals who have unmet mental, substance use, behavioral, and medical needs and connect them to diversion and wraparound community-based services in lieu of incarceration.
- b. Offer specialized health services, peer advocate support, and resources to individuals throughout

their involvement with the court system.

- c. Probation to implement harm reduction, treatment-first model with collaboration with service providers in cases involving mental or behavioral health.
Probation violations to be evaluated by a clinical team in court to prevent re-arrest and exhaust all possible supportive services in the community.

6. Reentry

- a. Develop a DHS case management program at CRDF to support individuals to integrate successfully back into the community and prevent recidivism.
- b. Continue to develop community-based reentry programs for people experiencing mental health issues, substance use, trauma, physical and cognitive disabilities, and pregnancy that are low barrier to services and provide access for job training, housing, life skills classes such as budgeting, financial resources for food or clothing, etc. (ATI rec 34)
- c. Coordinate linkage to the individual's medical home (such as their assigned providers) prior to discharge (see case management below)

CASE MANAGEMENT

We recognize that incarceration is a trauma experience and that in addition to the trauma that people who are coming out of incarceration face, they also leave the system with barriers directly related to having been incarcerated. Because people can become case managers with less training than clinicians require, they can be hired more quickly and easily than clinicians. Therefore, we can prioritize the expansion of case management services in-custody to most efficiently meet the needs of individuals who are incarcerated. Case management is one of the ways that we can minimize harm and barriers in the following ways:

1. Connect all individuals to DHS intensive case management services (ICMS) and advocacy support within the appropriate level of care at CRDF
 - a. Expand DHS ICMS in a continuum of care model for those who qualify while in-custody
 - b. Connect individuals to case management immediately upon incarceration to begin developing release plan using reentry providers
 - i. Utilize comprehensive strengths and needs assessment within three days of incarceration
 - c. Case managers will follow individuals throughout incarceration and release process to begin linkage to appropriate referrals and continue working with the individual until fully integrated in the community, i.e. linked to services and needs appropriately met
 - d. Appear in court proceedings with individual to advocate for early release and/or diversion
 - i. Work directly with public defender throughout case
 - e. Case manager's role is as the primary point of contact, has access to all of the individual's records, and can be accessed after the individual has been fully integrated into the community.

CONTINUATION OF CARE (CASE MANAGEMENT)

DHS case managers will operate within the continuation of care model by beginning to assess and meet the needs of individuals who are incarcerated at the earliest possible point and continuing assessments and case management throughout until these individuals are released and appropriately linked to all needed services. DHS case managers will collaborate among partners in the County's Community Health and

Health Ad Hoc Recommendations: Continuation of Care (Case Management)

Integrated Programs (CHIP) throughout the reentry process, release, and integration back into the community.

1. DHS case management will oversee the continuation of care:
 - a. All persons will have a comprehensive, individualized, person-centered reentry plan developed between case manager and the individual they are serving
 - i. Release planning should begin shortly after initial incarceration
 - b. Activate or reactivate medical insurance and benefits prior or upon release
 - c. Create a more rapid referral and response process for mental health, substance use, and co-occurring disorder placements at all levels
 - d. Direct referrals from custody with warm hand-offs
 - i. Provide one-month and three month follow up to ensure linkage was effective and provide additional support as needed
2. Efficient access to information sharing and medical records to improve continuity of care
 - a. Develop and implement universal consent between health providers
 - b. Improve access to client records for outside service providers
 - c. Develop data systems that coordinate care with services easily within and outside of CRDF
 - d. Prior to or upon release, copies of medical records should be provided to both providers and individual being released
 - e. Medical records should be easily accessed for the pregnant population in and out of custody
3. Increase in-custody, diversion, and re-entry services that are provided by Community Based Organizations (CBOs) and county programs
 - a. Improve equal and equitable access to community health care and treatment
 - b. Develop relationships with outside providers and work to reduce barriers to treatment to promote easier access to care upon release.
 - c. Increase funding to outside providers so they are able to increase capacity and change eligibility criteria that would otherwise require them to turn down referrals (ATI rec 58)
 - d. Remove barriers at all levels of care to ensure consistent, culturally appropriate, and sufficient availability of all services and court-based programs for people who identify as cisgender women, LGBTQ+, and/or TGI to ensure that no one is left without care or diversion because of gender identity or sexual orientation. (ATI rec 58)
4. Build out drop-in safe landing health access centers for justice-involved individuals
 - a. Low barrier walk-in centers that provides referrals, treatment, services, peer



support, and additional resources not connected to CRDF so that there are additional access points for care.

- b. Identify specific, non profit organizations (NPO) who serve justice-involved health populations to collaborate in providing community-based care.

MENTAL HEALTH / SUBSTANCE USE / BIOPSYCHOSOCIAL

70% of people who are incarcerated have been assessed as having mental health diagnoses, and 65% meet criteria for a substance use disorder. Jail is an inherently a traumatic experience and the goal is to divert and release people to appropriate treatment as much and as quickly as possible rather than further traumatizing them by keeping them incarcerated. We recognize that heavy substance use and dependence is often related to mental health struggles and that criminalizing people for substance abuse and/or mental health is not meeting their needs or improving public safety. When people come out of jail with a higher level of trauma, they are likely to have increased mental health and substance-related issues and the way to improve public safety is to prevent initial arrest, immediately divert, or release individuals into appropriate treatment. Sufficient trauma-informed treatment cannot effectively happen in jail. We aim to create robust enough treatment that the community's needs will be met and people will no longer be criminalized for acts of survival or lack of treatment. We also recognize that while people are transitioning through the justice system and jails, practices should be trauma-informed and comprehensive services should meet diverse mental health and substance use needs.

Diversion/Decarceration

1. Divert and/or release all persons in high observation housing from jail to hospital setting or appropriate level of care as individuals in this housing level are there due to unmet disabilities, physical health, mental health, behavioral health, and/or substance use needs.
2. Divert and/or release all persons in-custody due to substance use or co-occurring disorder to appropriate level of community-based treatment.
3. Eliminate arrests related to disabilities, physical health, mental health, behavioral health, and/or substance use.
 - a. Decriminalize crimes committed when a person is experiencing a mental health issue and/or using substances (i.e. criminal threat when someone is experiencing paranoid delusion or threatening hallucinations, using substances to stay awake at night while homelessness to stay safe etc.)
 - b. Decriminalize substance use related crimes

In Custody

1. Increase access to psychiatry, mental health evaluations, substance use treatment, medication-assisted treatment, and psychiatric medications to all individuals at CRDF, including the general population.
 - a. Meet the appropriate standard of quality mental health care at CRDF
 - i. Enhance clinical approaches to mental health, substance use, and behavioral health issues.

- b. Increase access to peer support and counseling around intimate partner violence, sexual violence, child sexual abuse, and other traumatic issues common among incarcerated women and LGBTQ TGI people.
 - c. Offer and provide direct referrals to counseling when people disclose sexual assault while in-custody.
 - d. Ensure access to specialized LGBTQ TGI counseling and/or services
 - e. Expand educational programming and health/life impacts of trauma:
 - i. Provide opportunities to practice selfcare methods like meditation, yoga (e.g., hold classes and explain free phone apps available after discharge).
 - ii. Expand educational programming related to life skills (money management, independent living, etc).
 - iii. Educate on harm reduction practices around mental health, substance use, and sex.
 - f. Utilize the outdoor courtyard for self-care and other recreational activities.
 - g. Continue to have access to religious services and programming of choice, if appropriate.
4. Increase access to visitation through various modalities
 - a. Increase staffing and physical locations to expand access to in person visitation.
 - b. Increase access to video visitation.
 - c. Eliminate the use of visitation revocation as a disciplinary measure
 - d. Expand intra and interdepartmental efforts to increase family reunification
 5. End use of involuntary isolation (see Isolation below)

Reentry

1. Increase mental health and/or substance use services linkages for individuals who are being released
Expand mental health release planning/linkage to General Population
 - a. Expand mental health release planning/linkage to General Population
 - b. Expand release planning/linkage to substance-related treatment programs.
 - i. Develop and improve substance use and mental health residential treatment centers
 1. Improve capacity for clinical staff and psychiatry to meet the need of the client population at these treatment centers
 - ii. Enhance referral processes to substance-related treatment that removes barriers to being released directly to treatment (requirement to participate in in-person intake, etc.).
 - iii. Expand the capacity of harm reduction substance use services including Medication-Assisted Treatment (MAT), safe consumption sites, and drug replacement therapy. (ATI rec 12)
 - iv. Engaging in MAT meets requirements for court mandated treatment.
 - c. Increase the number of Forensic Inpatient (FIP) beds in psychiatric hospitals for individuals who are experiencing severe mental health symptoms and need psychiatric stabilization upon release.
2. Improve system to refer individuals to long term hospitalization for stabilization
3. Improve system to advocate for individuals to be under LPS conservatorship when appropriate.
4. Expand services to support family reunification

5. Eliminate time limits for programs in LA County systems of care and increase access to meet the needs for long-term mental health, behavioral, substance use, and medical care. Provide life-long services when needed. (ATI rec 15)

Medical

The physical health of people who are incarcerated tends to be worse than that of the general population and incarceration itself contributes to further health disparities. Therefore, access to timely, high quality medical care for incarcerated cis-women and LGBTQ TGI populations is essential.

1. CRDF Intake/Initial assessment process
 - a. Replace 15 question initial assessment with comprehensive needs assessment conducted by DHS clinician or social worker.
 - b. Ensure immediate maintenance of medications upon entry into jail, including psychiatric medications, HIV medications, medication assisted treatment (buprenorphine, methadone), birth control, gender affirming and menopausal hormone treatment
 - c. Offer STI testing upon entry to jail and again at 24-48 hours after entry, including trichomonas, chlamydia, gonorrhea, syphilis, and HIV, as well as Hepatitis C virus.
 - d. Assess need for HIV Post-Exposure Prophylaxis (PEP) at intake and provide as indicated
 - e. Evaluate for, and provide if requested, emergency contraception (LNG up to 72h after unprotected sex, ulipristal or IUD up to 120h after unprotected sex): offer upon entry to jail and again at 24-48 hours after entry
 - f. Offer (but do not require) pregnancy test within 72 hours of arrival
2. Access to better nutrition
 - a. Contract with outside nutritionist to oversee meal plans and ongoing auditing
 - b. Add healthier options to products available for purchase at commissary
3. Access to medical care
 - a. Increase the number of medical providers, nursing, and support staff in line with that listed below
 - b. Educate about and offer ongoing access to STI testing and emergency contraception
 - c. Continued access to gender affirming hormonal treatments
 - d. Provide education about and access to HIV Pre-Exposure Prophylaxis (PrEP) throughout incarceration and prior to release, as indicated
 - e. Address all medical concerns expediently; ensure that health care needs are met by CRDF clinicians whenever possible vs. waiting for incarcerated people to be seen by a specialist.
4. Pregnancy and Postpartum
 - a. Provide pregnancy check-ups per American College of Obstetricians and Gynecologists guidelines
 - b. Ensure availability of additional nutritional food and prenatal vitamins required for pregnancy, evaluated by outside nutritionist
 - c. Implement Doula program for delivering people housed at CRDF, including miscarriage and stillbirth management
 - d. Increased access to supportive persons during birth - allow a doula in addition to a personal

- support person
 - e. Eliminate involuntary isolation or single cells for pregnant population pursuant to ACOG Committee Opinion #830
 - f. Provide notice about and access to community programs that serve pregnant, birthing or lactating people.
 - g. Allow but not require clothing color change option for anyone who is pregnant
 - h. Dedicated social worker assigned to the pregnant population
 - i. Continue to prohibit use of tasers, pepper spray or other chemical weapons on pregnant people, or anyone.
 - j. People are at higher risk of falls and fractures during pregnancy and for 6-12 weeks after delivery due to a shift in their center of gravity. No shackling with leg irons, waist chains or handcuffs behind or in front of the body during pregnancy, while in labor or possibility of being in labor, and for 12 weeks following delivery. Medical provider can require the removal of any restraints at any time.
 - k. Deputies must remain outside the delivery room unless there are extraordinary circumstances. In extraordinary circumstances, if deputies are in the room, they must stand in a place that provides the most privacy. The medical provider can remove the deputy from the room if the provider determines this is medically necessary.
 - l. Provide postpartum care visits pursuant to ACOG guidelines
 - m. Continued Improvement to Pump and Pick Up Program
 - i. Provide lactating individuals with:
 - 1. Equipment to pump breast/chest milk;
 - 2. Storage of breast/chest milk in a refrigerator or freezer;
 - 3. A private place to pump.
 - ii. Permit designated people on the outside to pick up the breast/chest milk
 - n. Expand contact visits for lactating persons and their children with goal of daily visits
5. Expand dental and vision services to appropriately meet the need
6. End use of involuntary isolation (see Isolation below)
7. Release reentry planning for medical care
- a. Ensure all patients with time sensitive needs have appropriate insurance & a follow up appointment scheduled prior to release (i.e. HIV, pregnancy), transfer to Medi-Cal health plan as indicated to reduce obstacles to treatment
 - b. Provide patient-centered contraception counseling, education about reproductive health choices, and linkage to sexual/reproductive health care (as needed) in release planning
 - c. Provide one year's worth of contraceptives and one month of menstrual hygiene products, including pads and tampons, upon release, as applicable
 - d. Provide persons with mobility disabilities access to wheelchairs, crutches, other durable medical equipment as needed

Isolation

Involuntary isolation, whether defined as solitary confinement or a similar practice, is a common practice in jails and prisons across the U.S. However, research has proven that the minimization of social interaction

with other humans has harmful effects on the health and well-being of incarcerated persons. Depending on the length of time in isolation, people experience a variety of mental health and psychological effects, including anxiety, stress, depression, hopelessness, anger, irritability, panic attacks, psychosis, and self-harm or suicide. Physical health effects include chronic headaches, eyesight deterioration, digestive problems, dizziness, excessive sweating, fatigue, lethargy, heart palpitations, sleep problems, loss of appetite, muscle and joint pain, and hypersensitivity to light and noise. Isolation can also exacerbate existing mental health or chronic physical health problems.



70%
of people who are
incarcerated have been
assessed as having
mental health diagnoses
and are receiving
“treatment” in jail.

1. End the use of administrative isolation or similar practice unless otherwise requested by the person in-custody and institute policies to verify that isolation is being requested by the person in-custody
2. Eliminate the use of disciplinary isolation
3. Eliminate the use of single cells in high or medium observation units unless otherwise requested by the person in-custody and/or clinical team
4. Ensure that persons in isolation have access to programming, services, self-care practices, and exercise afforded to the general population

Staffing

Reassess the placement and need of staffing levels at CRDF with an understanding that an increase in behavioral health providers of all kinds will decrease the need for custodial staff because behavioral issues will decrease significantly if individuals are getting behavioral health and medical needs met.

1. Increase funding for DHS case management
2. Reassess and decrease the number of custodial staff to meet the need of the CRDF population
3. Increase the number of clinical staff at CRDF. Develop clinical teams including:
 - a. Trauma-informed mental health professionals trained in de-escalation
 - b. Case managers, clinicians, and psychiatrists
 - c. Expanded number of medical providers (physicians, physician assistants, nurse practitioners), CMAs, nurses, x-ray technicians

Trainings

1. All CRDF employees will engage in extensive and ongoing trainings in:
 - a. Impacts of incarceration on the trauma experience
 - b. Severe and persistent mental illness
 - c. Substance use and harm reduction practices
2. Reevaluate current trainings already at CRDF, including PREA



WEST
TEMPLE
STREET

If you are Not
anti-racist
you are complicit!

17 million students are
in schools w/ cops, but no
corrections
3 million students - no prison
6 million students - no school
10 million students - no social
workers

PHILIP MILLER / MATTHEW POWELL / JAIME FLORES / EDWARD WONG
JOSE CARLOS PEREZ HERNANDEZ / JOHN GOUDRAY / LUIS SALINAS
FRANCISCO MONDRAGON SAUCEDO / JAVIER CHAVEZ / ROBERTO
JOSE MILLAN / MARCELLUS WRIGHT / PEDRO RENTON
ANTONIO BLAND / DAVID WEISMAN / RICHARD
ANDREW MACFARLANE / ANTONIO ESCAREAL / JUAN
ANTURIA SAENZ / CARLOS ORVELAS / JAMAR WITHE
JUAN SANCHEZ / DETRICK FORD / AARON BORDEN /
WILLIAM VASQUEZ / CHARLIE WILSON / JOVON
SHAUN MCCOY / VICTOR GARCIA / DESHAWN ADAMS
MARK GREGG / ANITA DELGADO / PETER RODRIGUEZ
BRENT MCKINNEY / ALONSO CARDENAS / ELA
KAMI STEVENS / SAUL SORIANO / RICARDO BADI
LEROY BARNES JR. / STEVEN HERNANDEZ / S
CESAR RAMIREZ / ERNESTO CASTANEDA
ERIK GARCIA / GENE VALDEZ / JAMES
SOCRATES SIQUEIROS / WILFORD HUNTON /

GARENOI CAGES

Activist Tauheedah Shakur stands before a display at the Rose from Concrete Action in Downtown LA.

BUDGET

Bamby Salcedo, President and CEO of TransLatin@ Coalition, raises her fist in the air triumphantly at a rally in Downtown LA.

With an understanding that the LASD budget is significantly larger than all health-related department budgets in LA County, expansion of health and behavioral health programming, trainings, and staffing within the jail will come from shifts in the already existing LASD budget. With the decrease of the population at CRDF, there will be additional funding to reallocate. Funding should also be shifted to increase the budget of DHS to meet the health needs of individuals in CRDF.

Reentry Ad Hoc Recommendations

Mission Statement:

The mounting evidence of harm caused to people by justice system impact has created an obligation on the part of the government and community to provide person centered, culturally competent services to people to effectuate exit from the system. This proposal is specifically designed for People for Targeted Release (PTR) (people housed in CRDF and the K6G modules in MCJ) to safely re-enter the community from custody. This proposal focuses on pre-trial diversion and release, both prior to and after court intervention as the best practices for release.

This goal can only occur effectively with the coordination, collaboration and funding of services and agencies. Vital partners include:

1. The Court system including the Public Defender, District Attorney, the Court and Sheriff's Department, inclusive of staff from the Public Defender representing PTR being prosecuted by the District Attorney.
2. ATI
3. Correctional Health and the Sheriff's Department
4. The Office of Diversion and Reentry and other agencies and entities providing mental health and substance use disorder services
5. Probation (For POWR below)

Funding for vital partners should include 4 teams of Public Defender staff each including a Deputy Public Defender Grade 3, a Psychiatric Social Worker II and Paralegal, and a designated Deputy District Attorney dedicated to the release of PTR. Additional funding should be allocated as follows:

1. Additional mental health staff for Correctional Health to provide more frequent contact with moderately to severely mentally ill PTR release to assist with



Reentry Ad Hoc Recommendations: Mission Statement

stabilization that will prepare for release to the community.

2. Funding for ODR Reentry to implement the comprehensive, holistic, trauma-informed, community-based reentry program, called POWR (Providing Opportunities for Women in Reentry), which is modeled heavily on A New Way of Life Reentry Project's model. The purpose of the POWR program is to (1) improve health outcomes by promoting healthy connections with children, family, significant others, and the community; (2) reduce recidivism; (3) comprehensively address substance abuse, trauma, and mental illness; (4) increase economic wellbeing through education, employment, and safe housing and (5) support family reunification with social services and legal aid. The POWR program is not currently funded, but it is consistent with the ATI recommendations as well as with the recommendations from the Measure J Reentry subcommittee. Similar to all ODR's programs, funding for the POWR program will go directly to community-based organizations to operate the program. In addition, funding will be provided to A New Way of Life to provide training to the community-based organizations that will operate the POWR program.
3. Funding for ODR/ATI/other appropriate entities to locate, lease and staff housing for severely mentally ill PTR.
4. Funding for new and existing programs, like A New Way of Life, (and similar client centered, non-regulating housing/programs) to provide custody in reach and housing services out of custody for PTR released from custody, including family reunification social services and legal aid. Permanent funding streams should be identified to ensure that these housing and family reunification services are readily available and able to expand to meet the needs of LA County.
5. Funding for housing, trauma informed services, and family reunification service specific to supporting

Organizer Jayda Rasberry of CURB
(Californians United for a Responsible
Budget) stands in front of Men's Central Jail



Reentry Ad Hoc Recommendations: Mission Statement

people impacted by intimate partner violence, gender-based violence and/or human trafficking, including law enforcement violence.

6. Funding for culturally competent housing and case management services for PTR members of the LGBQ and TGI communities.
7. Funding for transportation for PTR released directly to housing and as needed, to critical services such as medical appointments.

The designated members of the Public Defender's and District Attorney's Office will be tasked with identifying PTR for their agencies. The Public Defender representative will coordinate with attorneys representing PTR to determine possible eligibility for release, coordinate with agencies to prepare a release plan and contact the District Attorney representative in cases where there is DA opposition to the plan.

A Steering Committee will be formed that will be tasked with seeking equitable access to resources and services, untethered from formal supervision whenever appropriate, to reduce the collateral consequences of adverse system impact. Pre-trial release and Pre-trial Diversion, including Mental Health Diversion, will be prioritized and offered whenever appropriate, to promote successful re-entry outcomes.

The Sheriff's Department will facilitate videoconferences, GTL calls and in custody outreach for CHS, LGBQ and TGI services, POWR program providers and A New Way of Life and other agencies to allow interaction with PTR at the direction of the attorney(s) representing the individual, within the facility to increase awareness of services and to increase motivation to change within members of PTR.

A variety of medication assisted treatment (MAT) and other evidence-based treatment services for substance use will be provided upon request by PTR prior to release. Educational materials about these services and continued practice of distributing Narcan will be made readily available upon intake at CRDF and K6G Modules.

Customizing and developing trainings and presentations to court staff by community and county partners on cultural sensitivity to serve justice-involved populations, motivational interviewing, harm reduction, and trauma informed care.

All designated agencies, including designated non-profits will hold quarterly public meetings to generate input and support from the community for plans to return PTR home.

Family Reunification

Legal aid, social services, and economic resources will be provided to justice-involved people who are attempting to achieve family reunification in dependency court, family court, immigration court and/or probate court to ensure that families are reconnected after incarceration. Social services should include family reunification, psychotherapy, transitional housing and assistance with obtaining independent housing, transportation to and from and monitoring of visitation, supportive services, court appearances, and employment assistance. Justice-involved people will be supported in having visitation with their children both prior to release and during re-entry because visitation in both periods supports eventual family reunification.



Danielle Dupuy of Million Dollar Hoods speaks at a JusticeLA Rally

Also prior to release, justice-involved people with open dependency court cases will be (1) provided all resources necessary to connect and communicate with the social worker assigned to their dependency court case and (2) given an opportunity to attend dependency court hearings remotely or in person and to designate power of attorney to a professional to appear at each hearing on their behalf in case the incarcerated parent encounters an obstacle to attending, to decrease the likelihood that justice-involved people will have their parental rights terminated in their absence during incarceration.

Data Ad Hoc Recommendations

Several county workgroups have noted that better data collection and sharing practices would help Los Angeles County advance its 'care first' vision. The Gender Responsive Advisory Committee (GRAC) agrees. Updating and standardizing data mechanisms can improve diversion and reentry processes—including the ability to identify appropriate candidates in a timely manner. Improved transparency also allows the county to track progress in decarcerating and reducing the disparities that plague the system, enabling the Board to identify how to resource programs and diversion/reentry efforts. The county has taken some important steps in the right direction; we offer these recommendations to encourage further progress, particularly for cisgender women and LGBTQ+ people.

The following recommendations are divided into two sections: (1) immediate priorities that may also be included in the Men's Central Jail closure implementation plans; and (2) additional recommendations that should be adopted simultaneously with the Board's medium and long-term plans.



Alondra Castro of TransLatin@ Coalition holds up a trans flag and looks towards the sky at a community event.

Priority Recommendations

The GRAC Data Ad Hoc Committee recommends the Board adopt the following, including in the county's Men's Central Jail (MCJ) closure implementation plans. What is listed below should enhance but not delay implementation of plans to decarcerate and close Men's Central Jail.

• Issue

Based on a snapshot of people incarcerated in August 2020, the **median days in custody** for people held in CRDF was 107 and in K6G was 102. A **study** of people released during the pandemic found that Black women spent more days incarcerated than almost every other group and that Black people with mental health needs were released at lower rates than white counterparts. Regular information and data sharing can help system actors divert women and LGBTQ+ people faster and more effectively; it also can allow the county to resource efforts to drive down racial disparities. Decreasing the population of CRDF through more efficient diversion off-ramps would bolster MCJ Closure efforts and are in line with the goals of the GRAC.

• Recommendation

Prioritize data collection and sharing while protecting client confidentiality and maintaining HIPAA protection to support County diversion and decarceration efforts, so that individuals eligible for diversion and decarceration are identified, their needs assessed, and referrals to community-based systems of care offered promptly.

As one example, the Board should direct the Sheriff's Department (LASD) to provide specific system actors with weekly lists of people held in CRDF and K6G, including relevant data variables (e.g. name, sentence status), so that staff can identify people to propose for diversion in a more efficient manner. These lists could be provided through any necessary agreements that would protect privacy or safety. Distributing these to key actors, like the Public Defender's office, would facilitate regular screenings to identify incarcerated people's service needs, timely arrangements for release, and a steady stream of diversion.



Rojas, an organizer with Young Women's Freedom Center, listens at a community event.

• Issue

The Alternatives to Incarceration (ATI) Initiative is developing an online app—in line with ATI Report recommendation 85—to help navigators identify available services. The first version should be made available to staff at CRDF and in K6G performing needs assessments. Also, as the ATI recommendation notes, this type of resource would be very valuable to the public, especially since system-involved cisgender women and LGBTQ+ people as well as their loved ones often find themselves engaging in self-advocacy to connect to care.

• Recommendation

ATI Report Recommendation #85: Establish **online mechanisms for the public to get information, locate services to prevent incarceration and recidivism, and promote recovery.** This tool should track identified problems and response progress through an accessible dashboard and should align with existing tools such as One Degree, etc.

• Issue

The Vera Institute of Justice is developing a public data dashboard with information updated daily on the people incarcerated in the Los Angeles County jail system. The data published by LASD includes the number of people incarcerated at CRDF and breaks down key data points by 'males/females.' However, it does not include the K6G units.

• Recommendation

The Board should direct LASD to publish daily information of the number of people in the K6G units. In the longer term, the Board should encourage LASD to provide more cross-cutting daily data in line with the ATI recommendations and the Board's January 26, 2021 **motion** on expanding and standardizing sexual orientation and gender identity (SOGI) data collection. These efforts would allow the county, GRAC, and public to track decarceration progress.



• Issue

As the Board invests in expanding diversion and the accompanying community-based system of care—including through funding streams like AB 109 and the American Rescue Plan—there remains a need to prioritize investments that remedy long-standing racial and geographic disparities while taking into account marginalized groups like transgender, gender-non-conforming, and intersex people. For too long, system-involved cisgender women—particularly Black women—and LGBTQ+ people have been overlooked and left behind in terms of access to services and diversion.

• Recommendation

ATI Recommendation #87: Utilize data-driven tools (e.g., Race Forward's Community Benefits agreement and Racial Impact Tool, or Advancement Project's JENI/JESI, etc.) to create processes for **equitable resource and contract distribution** with program offices across health and social service departments. These processes should prioritize **remedying racial and geographic disparities while also taking into account cultural, gender, sexual orientation, and special populations' needs**. Involve County and impacted communities in equitably distributing and leveraging resources to sustain community health.

Additional Medium and Long-Term Recommendations

The GRAC recommends the Board adopt the following 'care first' recommendations for cisgender women and LGBTQ+ people:

1. Order Los Angeles County Departments including Court Services, Sheriff, District Attorney, Public Defender, Alternate Public Defender, and others involved in the criminal justice system to consistently collect and share data pursuant to HIPAA and while protecting client confidentiality on populations served and impacted, including standardized data on gender (including gender expansive variables), sexual orientation, and race/ethnicity. The Board's January 2021 motion on collecting SOGI data is an important first step.

In partnership with DHS Correctional Health Services, explore data collection regarding prevalence of substance use disorder among people in County jails.

2. Allocate funding and resources to implement the ATI Report recommendations related to data. In addition to the recommendations named above, the county should implement the following as a priority:
 - a. Recommendation #78: Understand how supervision violations lead to jail time, especially for people with serious mental illness, substance use disorders, co-occurring disorders, and young people 18-25. Data collection should identify the reason for the violation, length of stay in jail, and what services they are connected to through Probation and/or the appropriate community supervision entity; and it should also align with best practices for data collection for cisgender

- women, TGI, and LGBTQ+ individuals as well as capture data on race, ethnicity, geography, and charges to reduce disparities and include community-focused participatory research best practices. Aggregated data reports should be shared publicly and analyzed regularly to improve practices.
- b. Recommendation #110: Expand and coordinate data tracking/collection across all relevant Counties
 - c. Goal 17: Consider gender-specific section in the use of force policy and training. Review facility data to determine the percentage of time trauma and/or mental illness situations contribute to use of force incidents at CRDF. Ensure CRDF executive team reviews and analyzes incident data to better understand the logistics and precipitating incident factors, including time, day, and location of incidents, justice involved women or staff involved, common themes, etc.
 - d. Goal 18: Conduct an in-depth review of grievance numbers. Construct mapping of a multi-disciplinary mapping of the present grievance system to identify strengths and gaps in current policy and practice. Diagram the policy requirements, documenting practice deviations, and determining the process for ongoing analysis of data and the approach to its use in practice improvement to include analysis of how grievance data is used to inform supervision and facilitate problem solving.
 - e. Goal 19: Consider revision of current disciplinary processes. Use outcome-based data to evaluate the effectiveness of the revised discipline and sanctions process. Analyze grievance data to identify trends and patterns with the goal of eliminating recurring issues.
 - f. Goal 20: Review how incident and other data are used in problem-solving.
 - i. Identify and implement data tracking and information gathering processes specific to investigating actionable incidents with justice involved women [and LGBTQI+ people]; formulate data collection protocols/policy and incident reporting requirements; develop, train, and enforce policy regarding data collection practices and procedures.
 - ii. Develop a data collection process that enables identification and monitoring of common themes and trends specific to discipline, grievances, incident reports, and use of force reports; involve supervisors, investigators, mental health practitioners, and appropriate line staff in developing a process to examine and analyze data after an 'incident' that may reveal what worked, opportunities for improvement, as well as 'hot spots' or performance challenges; provide for ongoing modifications of policies, procedures, and practices based on data collected and analyzed.
 - g. Goal 24: Explore the implementation of a classification process for women. Use outcome data to evaluate and demonstrate the impact of the assessment process.

ATI Ad Hoc Recommendations

Introduction

The Gender Responsive Advisory Committee (GRAC) ATI Ad Hoc Committee considered the 114 recommendations within the Alternatives to Incarceration Workgroup's (ATI) Final Report,⁷ and the strategies outlined in the Men's Central Jail (MCJ) Closure Report.⁸ We endorse both the ATI Final Report and the MCJ Closure Report, and identified key recommendations that would provide immediate relief for our target populations, which also support the closure of MCJ. After consideration of all the ATI strategies, it is the recommendation of the committee that the Board prioritize the strategies that pertain to pretrial release at CRDF, K6G and all facilities where cis women, TGI and LGBTQ+ people are currently held. Pretrial release was one of the foundational recommendations adopted by the Board in March of 2019 and remains one of the primary strategies to achieving the County's Care First vision.

According to Vera Institute of Justice analysis of data from August 2020, nearly half of people in CRDF were held pretrial. Based on the population marked as "G" in the LGBT field of LASD data, 45% were pretrial and 40% of those individuals are Black. 45% of the entire jail population was pretrial; 84% did not have holds and likely incarcerated simply because they could not afford bail. **As of May 11, 2021, 56% of incarcerated women are held pretrial, compared to 38% of the overall jail population.**

With the recent California Supreme Court Humphrey decision,⁹ which directs courts to consider ability to pay if setting bail, the county is positioned to expedite the release of the vast majority of people held pretrial. The county can best foster successful outcomes in pretrial release by creating a system for community-based services to support individuals through the pretrial period, particularly when combined with the early representation by counsel model. The use of probation supervision, particularly electronic monitoring, must be curtailed since it often creates a revolving door of reincarceration through violations and is out of line with the ATI Report pretrial strategy adopted by the Board.

Current pretrial pilot programs, such as the Judicial Council's SB10 pretrial pilot, do not provide robust, community-based pretrial services, and rely on risk assessments¹⁰ and supervision,¹¹ which have been empirically proven to be ineffective in supporting an individual's return to court.

A snapshot of data from the Probation Department¹² provides some insights on the impact of the Judicial

7 Los Angeles County Alternatives to Incarceration Work Group. "Care First, Jails Last: Health and Racial Justice Strategies for Safer Communities." <http://file.lacounty.gov/SDSInter/bos/supdocs/144473.pdf>

8 Department of Health Services, Office of Diversion and Reentry, Los Angeles Sheriff's Department. March 30, 2021. "Men's Central Jail Closure Plan: Achieving a Care First Vision." Los Angeles County Men's Central Jail Closure Workgroup. http://file.lacounty.gov/SDSInter/bos/bc/1104568_DEVELO_1.PDF

9 Justice Mariano-Florentino Cuéllar. March 25, 2021. "In Re Kenneth Humphrey." Supreme Court of California. <https://www.courts.ca.gov/opinions/documents/S247278.PDF>

10 Ethan Corey. February 7, 2020. "New Data Suggests Risk Assessment Tools Have Little Impact on Pretrial Incarceration." The Appeal. <https://theappeal.org/new-data-suggests-risk-assessment-tools-have-little-impact-on-pre-trial-incarceration/>

11 Ross Hatton. May 2020. "Research on the Effectiveness of Pretrial Support and Supervision Services: A Guide for Pretrial Services Programs." UNC School of Government, Criminal Justice Innovation Lab. <https://cjl.sog.unc.edu/wp-content/uploads/sites/19452/2020/05/Research-on-the-Effectiveness-of-Pretrial-Support-Supervision-Services-5.28.2020.pdf>

12 Data obtained from the LA County Probation Department via a Public Records Act request. September 23, 2020.

Council pilot program: 74% of people were remanded to custody and only 14% were granted release on their own recognizance; 75% of Black women on felony charges were remanded to custody; and 97% of people with misdemeanor charges on supervised release were placed on electronic monitoring. 42% of people on electronic monitoring failed to appear. While we believe that the data is reflective of the CCB and CCAT pilot, the lack of transparent data from the Probation Department prevents a conclusive determination.

By contrast, the Bail Project's pretrial release model in Compton in partnership with the Public Defender's office, which supports both people with misdemeanor and felony charges, has an extraordinary 97% success rate in court appearances.¹³ This model, which supports clients with bail payment and supportive services, indicates that simply releasing individuals with supportive services in the community can effectively increase court appearance rates, while reducing LA County's incarcerated pretrial population. The CASA needs-based pretrial release model developed by UCLA School of Law incorporates the elements found in the ATI Report and best practices from across the country.¹⁴ We look to this model as the framework for our recommendations.

The Board has passed the following pretrial related motions that provide guidance on pretrial policy:

1. *Developing Los Angeles County's Models for Pretrial Release (Feb 2019)*: Directs County Council to hire a consultant to develop the County's plan for bail reform that builds on existing and planned pretrial diversion efforts, including:
 - a. Reducing the population of people detained pretrial (including regular court appointment reminders, mental health and substance use treatment diversion, housing, employment and transportation supports, without over-relying on onerous conditions and monitoring)
 - b. Evaluate risk assessment tools & needs assessment tools such as the Justice Equity Needs Index
 - c. National best practices on pre-arraignment and/or pretrial and needs assessments, service linkages, court date reminders, transportation, childcare, and other support services
2. *Data Collection to Support Pretrial Reform in Los Angeles County (Aug 2020)*: Directs CEO in partnership with relevant County Departments to report back in 270 days (by May 1 2021) and quarterly thereafter on the following:
 - a. Comparison of the pretrial population before and after COVID-19 began
 - b. The number of cases referred, applied, denied, and released by program type
 - c. PSA & C-CAT data
 - d. The failure to appear rate since the COVID-19 pandemic began
 - e. Justice involvement outcomes for defendants during their case adjudication and after Incorporate data in Justice Metrics Framework Initiative

Additionally, the District Attorney's Office has adopted the following pretrial release policies that support

13 Los Angeles County Supervisor Sheila Kuehl, District 3. "The Bail Project Expands to the Valley." September 20, 2019. <https://supervisorkuehl.com/the-bail-project-expands-to-the-valley/>

14 Alicia Virani, Rodrigo Padilla-Hernandez, Tali Gires, Kaitlyn Fryzek, Rachel Pendleton, Ethan Van Buren, and Máximo Langer. 2020. "Creating a Needs-Based Pretrial Release System: The False Dichotomy of Money Bail Versus Risk Assessment Tools." UCLA School of Law, Criminal Justice Program. <https://law.ucla.edu/sites/default/files/PDFs/Academics/CJP%20Pretrial%20Proposal%20-%202020.pdf>

the implementation of a model in line with the ATI report recommendations¹⁵:

1. Presumption of pretrial release without conditions.
2. Pretrial release conditions, if any, shall be considered in order from least restrictive (No Conditions) to most restrictive (Electronic Monitoring / Home Detention).
3. Pretrial detention shall only be considered when the facts are evident and clear and convincing evidence shows a substantial likelihood that the defendant's release would result in great bodily harm to others or the defendant's flight.
4. No cash bail for any misdemeanor, non-serious felony, or non-violent felony offense
5. Cash bail amounts shall align with the accused's ability to pay.

Strategy 3 of the ATI report outlines strategies that support and deliver meaningful pretrial release and diversion services:

1. Recommendation #53: Improve and expand return-to-court support services to reduce failures to appear.
2. Recommendation #55: Develop a strengths and needs-based system of pretrial release through an independent, cross-functional entity situated outside of law enforcement, to coordinate voluntary needs and strengths assessments expeditiously upon booking, and to provide relevant information to court officers to make informed release decisions.

¹⁵ George Gascón. December 7, 2020. "Special Directive 20-06: Pretrial Release Policy." Los Angeles District Attorney. <https://da.lacounty.gov/sites/default/files/pdf/SPECIAL-DIRECTIVE-20-06.pdf>



Two community members exchange a bundle of flowers at an event


3. Recommendation #56: Institute a presumption of pretrial release for all individuals, especially people with clinical behavioral health disorders, whenever possible and appropriate, coupled with warm handoffs to community-based systems of care, to provide targeted services, if necessary, to help individuals remain safely in the community and support their return to court.

Building off current County policy, the ATI strategies, and the CASA model, it is our recommendation that the Board adopt a countywide pretrial model that includes the following:

1. *Release Hearings:* Prosecutors must show by clear and convincing evidence that the individual:
 - a. poses a high risk of intentional nonappearance, or
 - b. will pose a risk of serious physical violence to an identifiable person and that no condition(s) of release could reasonably mitigate these two risks.
2. *Community Care & Support Agency:*
 - a. Supportive services provided by community-based service provider(s) over supervision
 - b. Trauma-informed approaches
 - c. Needs & strengths-based assessments
3. *Services:*
 - a. Voluntary, not mandated, services, delivered by providers with a variety of lived experiences, including: those formerly incarcerated, various gender identities, ethnic and racial identities and experiences, such as houselessness.
 - b. Least involved/restrictive
 - c. Resources to return to court
 - d. Resources to meet needs Systems-impacted sponsors
 - e. Resources to survivors of harm delivered by trauma-informed service providers in the community
4. *What is needed to ensure success:*
 - a. Robust data collection
 - b. A commitment to small caseloads, effective training, and well-being for CASA staff
 - c. Confidentiality
 - d. Simultaneously addressing victims/survivors needs
 - e. A paradigm shift away from pretrial conditions that are akin to punishment (electronic monitoring, drug testing, reporting/check-ins, etc.)
5. *Funding:* The Board and the CEO should consider the following funding streams:
 - a. Measure J: The charter amendment includes allocating funds to the following:
 - i. Community-based restorative justice programs,
 - ii. Pre-trial non-custody services and treatment,
 - iii. Health services, counseling, and mental health and substance use disorder services.
 - iv. Non-custodial diversion and reentry programs including housing and services.
 - b. AB109: This funding stream is currently being used for pretrial services in other jurisdictions, including Santa Clara County, and should be leveraged to provide community based pretrial services in LA County.
 - c. American Rescue Plan Act funding, which will deliver millions of federal dollars, including several multi-year funding streams, for Los Angeles County to use flexibly to help people recover from the harms of the COVID-19 pandemic.

SPECIAL DIRECTIVE 20-06

TO: ALL DEPUTY DISTRICT ATTORNEYS

FROM: GEORGE GASCÓN 
District Attorney

SUBJECT: PRETRIAL RELEASE POLICY

DATE: DECEMBER 7, 2020

This Special Directive addresses issues of Bail and Own Recognizance in Chapter 8 of the Legal Policies Manual. Effective **December 8, 2020**, the policies outlined below supersede the relevant sections of Chapter 8 of the Legal Policies Manual.

INTRODUCTION

The purpose of this memo is to outline the new policies and protocols that will guide our recommendations for pretrial release and the use of cash bail moving forward. While these policies will take effect immediately, there will be ongoing opportunities for staff to give valuable feedback about how we can best operationalize these changes. We will continually monitor and review data collected on the implementation of these policies and we will regularly review these policies with office staff and members of the community to ensure that they are effective and successful. These new policies capture our shared vision of justice for all in Los Angeles County.

THE UNFAIRNESS OF CASH BAIL

Across the nation, bail reform is a topic of much debate. While some jurisdictions have passed statewide bail reform (New York and New Jersey), others have changed local bail setting practices by reducing reliance on cash bail. Although California voters chose not to implement SB10 through the passage of Proposition 25, the conversation about bail reform remains active and robust.

While it is nearly certain that legislation seeking to eliminate cash bail will once again be put to voters, we will not wait for statewide reform before imposing meaningful changes in the use of cash bail. We must seek to protect the public while ensuring that our practices—particularly with regard to the utilization of cash bail—do not lead to periods of unnecessary incarceration that harm individuals, families and communities.

Cash bail creates a two-tiered system of justice - one where those with financial resources are able to remain free, while those who lack such resources are incarcerated. While most justify the use of cash bail to incentivize an individual to return to court, evidence suggests that no such incentives

are required: it is exceptionally rare that individuals willfully flee prosecution or commit violent felony offenses while released pretrial and the overwhelming majority of people will return to court, even when they have no financial interest at stake.¹ In addition, appearance rates for those people who are not detained are improved when they receive effective court reminders, transportation assistance and referrals to community-based services when they are in need.

Disparities in bail setting, unduly impact low-income communities of color and set the wheels of mass incarceration in motion: individuals detained pretrial are more likely to plead guilty to a case, in turn receiving a criminal record; those with criminal records face obstacles for future employment opportunities; and those people who cannot be employed see their opportunities for economic mobility and advancement severely hindered. The negative impacts of incarceration extend well beyond an incarcerated individual into their families and communities. Jobs are lost, people are evicted and deported, children lose contact with their primary caregivers, and those who were detained return to their communities destabilized by the traumatizing conditions in our jails.

The negative consequences of cash bail have fallen unequally on the shoulders of low-income communities of color in Los Angeles County. Of the 5,885 people detained pretrial in August 2020, 84% were people of color and nearly half (42%) were incarcerated for non-serious, non-violent offenses². These individuals jailed pretrial spend, on average, 221 days in jail³ without having been convicted of a crime. While COVID-19 led to substantial declines in the Los Angeles County Jail population, early releases were not proportionate across all race categories and subpopulations, including those who are most vulnerable. Specifically, while Black people were 29% of the pre-COVID jail population, only 24% of them were released early, and, when looking at the pretrial population with mental health needs, Black and Hispanic people received early release at a significantly lower rate than white people.

The US Constitution guarantees every person – regardless of race, class or origin – the right to be presumed innocent during the pretrial phase of a criminal proceeding. America’s promise is to provide for everyone “equal justice under the law”. While one might argue that pretrial detention doesn’t remove these rights, our detention practices and the use of unaffordable cash bail eviscerates the bedrock of our democracy and undermines our principles of justice, fairness, and equality under the law.

It’s time for a change. We must adopt a more just approach to prosecution by seeking to undo the legacy of cash bail while still fulfilling our obligations to protect public safety. Freedom should be free.

¹ For a pilot project conducted by The Bail Project in Compton, 300 people had bail paid for them. 93% of clients included in the pilot were people of color. The outcomes of the pilots favor own recognizance release: 96% returned for every court date and, of clients whose cases are now disposed, 33% had their cases dismissed and 97% of those individuals who received a conviction required no additional jail time as part of their sentence.

² Charges at the time of booking

³ This reflects the average number of pretrial days spent in jail to-date on 8/19/20, which is likely an underestimate. Many people will remain detained long after the date of analysis. A truer measure would be the average number of days an individual spends from being placed in custody to being released or their case disposed, though such information is not currently available.

It is our duty as stewards of public safety to mitigate all public safety risk, and this includes ensuring that our office's prosecutorial actions do not inflict needless harm on court-involved individuals through unnecessary incarceration. We must, and can do better, than to continue to impose cash bail where it is not required, as evidence suggests that cash bail is neither effective nor required to keep communities safe or to ensure return to court for future appearances.

For all the reasons mentioned above, it is time to re-evaluate our policies and procedures regarding the use of cash bail and pretrial detention before conviction. The policies outlined in this memo are merely a starting point as we begin to better balance the well-being of the accused with our obligations to maintain public safety during this pretrial period. By minimizing the utilization of cash bail, reducing unnecessary pretrial detention, seeking the least restrictive conditions of release possible, and utilizing community-based support programs and interventions, the long-term safety of all Los Angeles County residents can be improved and the system will be made more fair and just.

Pretrial release recommendations shall be guided by the following principles and policies:

I. ELIMINATION OF CASH BAIL

- A. The presumption shall be to release individuals pretrial.
- B. All individuals shall receive a presumption of own recognizance release without conditions. Conditions of release may only be considered when necessary to ensure public safety or return to court.
 - 1. Pretrial release conditions, if any, shall be considered in order from least restrictive (No Conditions) to most restrictive (Electronic Monitoring / Home Detention). Release with no condition shall be the initial position. The least restrictive condition or combination of conditions for release must be determined to be inadequate to protect public safety and to reasonably ensure the defendant's return to court before considering the next least restrictive condition.
 - 2. All pretrial release conditions requested shall be reasonably related to the charges, and necessary to protect the public and to reasonably ensure the defendant's return to court.
 - 3. Only after all pretrial release conditions have been thoroughly evaluated and determined to be inadequate to protect public safety and to reasonably ensure the defendant's return to court shall bail or pretrial detention be considered.
- C. Pretrial Detention Procedures
 - 1. Pretrial detention shall only be considered when the facts are evident and clear and convincing evidence shows a substantial likelihood that the defendant's release would result in great bodily harm to others or the defendant's flight.
 - a) The substantial likelihood of the defendant's flight may include felony holds from other jurisdictions. Release conditions or detention may be considered for the limited purpose of ensuring the defendant is not removed to another jurisdiction. Considerations

shall include but are not limited to a comparison of the seriousness of the charges locally and for the hold, the uncertainty of when the defendant will be returned, and maintaining joinder of co-defendants.

2. DDAs shall not request cash bail for any misdemeanor, non-serious felony, or non-violent felony offense.
 3. If pretrial release conditions have been found insufficient to ensure return to court and public safety, DDAs may consider requesting bail at arraignment for:
 - a) Felony offenses involving acts of violence on another person; or
 - b) Felony offenses where the defendant has threatened another with great bodily harm; or
 - c) Felony sexual assault offenses on another person.
- D. When cash bail is being requested under the limited circumstances delineated in this memo, DDAs shall recommend cash bail amounts that are aligned with the accused's ability to pay. There should be a presumption of indigency when the court has determined that a client is entitled to court appearance counsel.
- E. For those individuals who are indigent, DDAs shall avoid the selection of restrictive conditions of release that include fees and costs for their administration (e.g., paying a licensing fee for electronic monitoring) unless no alternative restrictive condition or combination of conditions can be applied to meet the same need.
- F. Conditions of release shall be evaluated based on all available information about the accused. Individuals with underlying conditions, such as behavioral health conditions, shall not receive overly restrictive release conditions based solely on the presence of such issues. Scores from risk assessment tools may never be the sole basis for a recommendation for detention.⁴ All pretrial release conditions requested shall be reasonably related to the charges and necessary to protect the public and ensure the defendant's return to court.
- G. If defense counsel requests a review of release conditions, the DDAs will not oppose defense counsel motion to the court to remove or modify the conditions of release, if the accused's conduct has demonstrated that a threat to a specific identifiable person or persons and/or any evidence of the accused's intention to willfully evade prosecution has been eliminated.
- H. **Covid-19 Addendum:** Regardless of charge, release with least restrictive conditions is the presumptive position when the accused belongs to a vulnerable/high risk group (as defined by the CDC and the LA County Department of Public Health) where incarceration could result in serious illness or death due to Covid-19 exposure.

⁴ There are well-documented concerns among social science researchers that risk assessment tools cannot predict what they aim to predict and perpetuate racial bias. See [Technical Flaws of Pretrial Risk Assessments Raise Grave Concerns](#).

II. APPEARANCES AND VIOLATIONS OF CONDITIONS OF RELEASE

- A. DDAs shall not oppose defense counsel's requests to waive client appearances at non-essential court appearances. The burden of appearing for short, non-consequential hearings can be hugely impactful to individuals who have to arrange to take off from work, arrange for childcare, and find their way to court. Many court appearances require minimal involvement from the accused and due to overburdened court calendars can result in extensive wait times before short appearances are held.
- B. In the event of non-appearance, DDAs will not oppose defense counsel's request for a bench warrant hold when no clear and convincing evidence exists that the non-appearance occurred as a result of the accused's willful evasion of prosecution.

III. RETROACTIVITY OF POLICY

DDAs shall not object to the release of anyone currently incarcerated in Los Angeles County on cash bail who would be eligible for release under the policies outlined in this memo.

TABLE 1
PRETRIAL RELEASE CONDITIONS FROM LEAST TO MOST RESTRICTIVE

LEAST RESTRICTIVE	• Own Recognizance Release
	• Release to community member, friend, family member or partner with promise to accompany the accused to court
	• Phone/text/online check-ins with designated agency
	• Travel Restrictions - order to not leave state, passport surrender
	• Driving prohibitions or restrictions
	• Stay away order
	• AA/NA meeting attendance (or similar community support groups)
	• Order to surrender weapon(s) to law enforcement
	• Ignition Interlock Device


MORE RESTRICTIVE	<ul style="list-style-type: none"> ● In-person check-ins with designated agency
	<ul style="list-style-type: none"> ● Mental health treatment
	<ul style="list-style-type: none"> ● Alcohol abuse treatment
	<ul style="list-style-type: none"> ● Substance abuse treatment
	<ul style="list-style-type: none"> ● Drug and alcohol testing
	<ul style="list-style-type: none"> ● Residential treatment program
	<ul style="list-style-type: none"> ● Home relocation during case pendency
	<ul style="list-style-type: none"> ● Secure Continuous Remote Alcohol Monitoring
	<ul style="list-style-type: none"> ● Electronic monitoring/GPS
	<ul style="list-style-type: none"> ● Home detention

The policies of this Special Directive supersede any contradictory language of the Legal Policies Manual.

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SPECIAL DIRECTIVE 20-07

TO: ALL DEPUTY DISTRICT ATTORNEYS

FROM: GEORGE GASCÓN 
District Attorney

SUBJECT: MISDEMEANOR CASE MANAGEMENT

DATE: DECEMBER 7, 2020

This Special Directive addresses issues of Misdemeanor Case Management in Chapter 9 of the Legal Policies Manual. Effective **December 8, 2020**, the policies outlined below supersede the relevant sections of Chapter 9 of the Legal Policies Manual.

INTRODUCTION

The public's interaction with the criminal justice system is mainly through misdemeanor prosecutions, yet the power and influence of the misdemeanor system in Los Angeles County has gone largely unnoticed. The goal of this new policy is to reimagine public safety and best serve the interests of justice and community well-being. As such, the prosecution of low-level offenses will now be governed by this data-driven Misdemeanor Reform policy directive.

Los Angeles County courts should not be revolving doors for those in need of treatment and services. Currently, over 47% of those incarcerated pre-trial on misdemeanor cases suffer from mental illness. Likewise, nearly 60% of those released each day have a significant substance use disorder. Meanwhile, individuals experiencing homelessness account for almost 20% of arrests in Los Angeles despite comprising only 1.7% of the population. The status quo has exacerbated social ills and encouraged recidivism at great public expense.

Moreover, the consequences of a misdemeanor conviction are life-long and grave, even for those who avoid incarceration. Misdemeanor convictions create difficulties with employment, housing, education, government benefits, and immigration for non-citizens and citizens alike. Deportation, denial of citizenship, and inadmissibility affect not only individuals, but also children, families, and immigrant communities. And no matter one's immigration status, the resultant costs and fees of misdemeanor convictions force many to choose between necessities such as rent, transportation, and medical care versus financial obligations to the justice system.

Despite the immense social costs, studies show that prosecution of the offenses driving the bulk of misdemeanor cases have minimal, or even negative, long-term impacts on public safety. Agencies equipped with the social-service tools necessary to address the underlying causes of offenses such as unlicensed driving, sex work, drug possession, drinking in public, and trespassing

are best positioned to prevent recidivism and will thus be empowered to provide help to those in need.

The goal of the Los Angeles County District Attorney's Office is to protect public safety. To do so as effectively as possible, we will direct those in need of services to treatment providers, divert those undeserving of criminal records to appropriate fora, and reorient our focus towards combating violent and serious criminal offenses.

I. DECLINATION POLICY DIRECTIVE

The misdemeanor charges specified below shall be declined or dismissed before arraignment and without conditions unless "exceptions" or "factors for consideration" exist.

These charges do not constitute an exhaustive list. Each deputy district attorney is encouraged to exercise his or her discretion in identifying a charge falling within the spirit of this policy directive and proceed in accordance with its mandate.

In addition, each deputy district attorney retains discretion to seek a deviation from this policy when a person poses an identifiable, continuing threat to another individual or there exists another circumstance of similar gravity. In such a situation, the deputy district attorney must consult with their supervisor, place their justification for seeking a deviation in writing, and record their supervisor's determination in the case file. Such a deviation should be the exception, not the rule. In all circumstances, the person's ability to pay shall be considered.

Trespass – Penal Code § 602(a)-(y)

- a. Exceptions or Factors For Consideration
 - i. Repeat trespass offenses on the same public or private property over the preceding 24 months
 - ii. Verifiable, imminent safety risk
 - iii. No indicia of substance use disorder and/or mental illness, or homelessness

Disturbing The Peace – Penal Code § 415(1)-(3)

- a. Exceptions or Factors For Consideration
 - i. Repeat offenses over the preceding 24 months involving substantially similar behavior to that charged
 - ii. No indicia of substance use disorder and/or mental illness

Driving Without A Valid License – Vehicle Code § 12500(a)-(e)

- a. Exceptions or Factors For Consideration
 - i. Repeat driving offenses over the preceding 24 months involving substantially similar behavior to that charged

Driving On A Suspended License – Vehicle Code § 14601.1(a)

- a. Exceptions or Factors For Consideration
 - i. Repeat driving offenses over the preceding 24 months involving substantially similar behavior to that charged

Criminal Threats – Penal Code § 422

- a. Exceptions or Factors For Consideration
 - i. Offense related to domestic violence or hate crime
 - ii. Repeat threat offenses over the preceding 24 months
 - iii. Documented history of threats towards victim
 - iv. Possession of a weapon capable of causing bodily injury or death during commission of offense
 - v. No indicia of substance use disorder and/or mental illness

Drug & Paraphernalia Possession – Health & Safety Code §§ 11350, 11357, 11364, & 11377

- a. Exceptions or Factors For Consideration
 - i. None identified

Minor in Possession of Alcohol – Business & Professions § 25662(a)

- b. Exceptions or Factors For Consideration
 - i. None identified

Drinking in Public – Los Angeles County Municipal Code §13.18.010

- c. Exceptions or Factors For Consideration
 - i. None identified

Under the Influence of Controlled Substance – Health & Safety Code § 11550

- a. Exceptions or Factors For Consideration
 - i. None identified

Public Intoxication – Penal Code § 647(f)

- a. Exceptions or Factors For Consideration
 - i. None identified

Loitering – Penal Code § 647(b),(c), (d), (e)

- a. Exceptions or Factors For Consideration
 - i. Repeat offenses over the preceding 24 months involving substantially similar behavior to that charged

Loitering To Commit Prostitution – Penal Code § 653.22(a)(1)

- a. Exceptions or Factors For Consideration
 - i. None identified

Resisting Arrest – Penal Code § 148(a)

- a. Exceptions or Factors For Consideration
 - i. Repeat offenses over the preceding 24 months involving substantially similar behavior to that charged
 - ii. The actual use of physical force against a peace officer
 - iii. The charge is filed in connection with another offense not enumerated above

If the charge is not declined, follow these sequential steps until dismissal:

- A. **Pre-Arraignment Diversion via Administrative Hearing.** Upon compliance with condition(s) imposed in the administrative hearing, the charge shall be formally declined;
- B. **Post-Arraignment, Pre-Plea Diversion.** Upon compliance with condition(s) imposed at arraignment or pretrial, the charge shall be dismissed without the entry of a plea of nolo contendere or guilty;
- C. **Post-Arraignment, Post-Plea Diversion.** Upon compliance with condition(s) imposed at pre-trial, the charge shall be dismissed following the withdrawal of a plea of nolo contendere or guilty.

The conditions of such diversion shall be the same as those statutorily required upon conviction, absent monetary fines and fees and status registration. In no circumstance may the offer of diversion be conditioned upon (1) waiver of a person's constitutional or statutory rights or (2) a temporal or procedural deadline other than commencement of trial.

II. DIVERSION POLICY DIRECTIVE

The purpose of the Diversion Policy Directive is to utilize remediation to protect public safety, promote individual rehabilitation, and encourage prosecutorial discretion. For all misdemeanor offenses not listed below under the Declination Policy Directive, pre-plea diversion shall be presumptively granted. This diversion policy shall not apply to (1) offenses excluded under Penal Code § 1001.95 and (2) any driving under the influence offense.

The Diversion Policy Directive is also intended to complement statutory diversion schemes such as those codified under Penal Code §§ 1001.36, 1001.80, 1001.83, and 1001.95. The Deputy District Attorney shall utilize their discretion, in accordance with the spirit of this policy, when determining which diversionary scheme is best suited to serve the interests of justice.

The conditions of such diversion shall be the same as those statutorily required upon conviction, absent monetary fines and fees and status registration. In no circumstance may the offer of diversion be conditioned upon waiver of a person's constitutional or statutory right, except for a waiver of time under Penal Code § 1382. The duration of such diversion shall presumptively be 6 months, but in no circumstance shall it exceed 18 months. Upon compliance with the

condition(s) imposed, the charge(s) shall be dismissed without the entry of a plea of nolo contendere or guilty.

The presumption of pre-plea diversion may be rebutted upon reasoned consideration of the following factors:

- Convictions for offenses of equal or greater severity than that charged over the preceding 24 months;
- Documented history of threats or violence towards a victim;
- Clear evidence of an identifiable, continuing threat to another individual or other circumstance of similar gravity.

In such a situation, the Deputy District Attorney must consult with their supervisor, place their justification for seeking a deviation in writing, and record their supervisor's determination in the case file.

III. NON-DIVERSIONARY PLEA OFFERS

If a misdemeanor case is not subject to declination or resolved via the Diversion Policy Directive, the deputy district attorney shall adhere to the following guidelines when making plea offers:

- No offer shall require that a defendant complete combined jail time and community labor as a term of a sentence;
- No offer shall require that a defendant complete in excess of 15 days of community labor as a term of a sentence;
- No offer shall require status registration for a defendant unless mandated by statute;
- Once conveyed to the defendant, no offer shall be increased in response to the defendant exercising their right to pursue a jury trial or pretrial motion.

In seeking a deviation from any of the aforementioned guidelines, the deputy district attorney must consult with their supervisor, place their justification for seeking a deviation in writing, and record their supervisor's determination in the case file.

IV. FINES AND FEES

Fines and fees place burdens on individuals in the criminal system and their families and pose significant and sometimes insurmountable obstacles to reentry. Deputy district attorneys shall:

- Presume that an individual is indigent and unable to pay fines and fees under the following circumstances: the individual is represented by the Public Defender, the Alternate Public Defender, Bar Panel, or a free legal services organization, the defendant is receiving any type of means-tested government benefits, the defendant is experiencing homelessness or the defendant can make a showing of indigence by clear and convincing evidence;
- Actively support and in no case object to requests to waive fines and fees for indigent individuals;
- Refrain from arguing that a failure to pay a fine, fee, or court ordered program represents a violation of summary probation if the defendant is indigent as defined above, or that

summary probation should be extended based upon an alleged failure to pay, or that an individual should be incarcerated or suffer an additional sanction due to failure to pay.

The policies of this Special Directive supersede any contradictory language of the Legal Policies Manual.

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County of Los Angeles CHIEF EXECUTIVE OFFICE

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FESIA A. DAVENPORT
Chief Executive Officer

Board of Supervisors
HILDA L. SOLIS
First District

HOLLY J. MITCHELL
Second District

SHEILA KUEHL
Third District

JANICE HAHN
Fourth District

KATHRYN BARGER
Fifth District

January 19, 2022

To: Supervisor Holly J. Mitchell, Chair
Supervisor Hilda L. Solis
Supervisor Sheila Kuehl
Supervisor Janice Hahn
Supervisor Kathryn Barger

From: Brandon T. Nichols, Executive Director *BTN*
Jail Closure Implementation Team

SAFELY REDUCING THE JAIL POPULATION BY EXPANDING COMMUNITY-BASED SYSTEM OF CARE FOR CISGENDER WOMEN, TWO SPIRIT, LESBIAN, GAY, BISEXUAL, QUESTIONING, AND TRANSGENDER, GENDER NON-CONFORMING AND/OR INTERSEX INDIVIDUALS (ITEM NO. 18 AGENDA OF OCTOBER 19, 2021)

On June 21, 2020, the Board of Supervisors (Board) approved a motion in support of the Gender Responsive Advisory Committee's (GRAC) vote to expand its mission (Expanding the Scope of the Gender Responsive Advisory Committee) by naming two spirit, lesbian, gay, bisexual, questioning, and transgender, gender non-conforming and/or intersex (2S-LGBQ+TGI) individuals as part of its target population and prioritize expanding alternatives to incarceration, such as diversion and community-based prevention programs. In October 2020, the GRAC Executive Steering Committee voted to create five Ad Hoc Committees to develop recommendations to meet the following goals: (1) improve programming and services at the Century Regional Detention Facility (CRDF); (2) enhance reentry initiatives and expand community-based reentry services, to promote successful reintegration in the community; and (3) expand alternatives to incarceration. In response, GRAC formulated recommendations focused on the key areas of Alternatives to Incarceration, LGBTQ+, Data, Health, and Reentry, and finalized its report on October 13, 2021.

Following the release of the GRAC report, on October 19, 2021, the Board directed the Jail Closure Implementation Team (JCIT) Executive Director to report within 90 days on:

JCIT GRAC 90-DAY REPORT BACK-1.19.2022

- 1) Prioritizing and implementing the GRAC's recommendations, in collaboration with the directors of Alternatives to Incarceration (ATI), the Office of Diversion and Reentry (ODR), and Gender Responsive Services with the goal of furthering JCIT's mandate to decrease the jail population and close Men's Central Jail (MCJ) without a replacement and to expand the County's mission to expand the community-based system of care for cisgender women and 2S-LGBQ+TGI persons, including those housed at CRDF and the K6-G units at Twin Towers Correctional Facility (TTCF);
- 2) Developing a scope of work for a consultant from an academic research institution to complete an updated population study of CRDF and the K6-G units at TTCF while utilizing a racial equity lens; and
- 3) Working with the directors of Correctional Health Services and Gender Responsive Services to engage those who are currently incarcerated, through the use of round table discussions, to prioritize and implement the GRAC recommendations that promote gender-responsive, trauma-informed services and programming for those who do not immediately qualify for release.

Recommendations

Since JCIT's inception in September 2021, we have had introductory and ongoing meetings with ATI and ODR to facilitate collaborative programming for the diversion and reentry of incarcerated women. To expand our understanding of the jail population, we have attended and presented at the GRAC, Care First Community Investment Advisory Committee, and Jail Population Review Council public meetings. These connections have contributed to understanding the urgency, importance, and expectation of each recommendation.

To direct our work, we reviewed and categorized the recommendations to align with ATI's Prevention and Reentry Recommendations and their Sequential Intercept Model, which demonstrates how an individual with unmet needs first comes into contact with and subsequently moves through the criminal justice system. Additionally, the recommendations were organized into three sections: recommendations that lead to improving conditions in the jail system; recommendations that lead to reduced jail population; and recommendations that need additional development and/or significant assistance from other stakeholders and County departments. The next level review includes completing a matrix that will pair these recommendations with JCIT's current and proposed initiatives and collaborative partner(s). Review of that matrix and further refinement of categories and prioritization will include input from the Director of the Sheriff's Department's Gender Response Services, Dr. Melissa Kelley, GRAC stakeholders, and individuals housed at CDRF and K6-G units at TTCF.

Scope of Work for Consultant

With technical guidance from the Chief Information Officer, JCIT is developing a scope of work for an academic institution that will conduct a population study on the cisgender women and 2S-LGBQ+TGI populations for those housed at CRDF and in the K6-G units at TTCF, with a focus on racial equity. The academic institution will be expected to produce a final report synthesizing the population study.

The consultant will be required to:

- In conjunction with data provided from the Chief Information Office, conduct a disaggregated analysis of the demography and biostatistical data of the people detained at CRDF and K6-G units at TTCF with a racial equity lens for the purpose of determining, but not limited to, the social, behavioral, and health needs of inmates and how they relate to the GRAC recommendations in coordination with jail programming to address those needs and mitigate unfavorable outcomes.
- Produce a written analysis of all findings in the form of a population study that will inform the needs and address the conditions of those detained, as well as provide another facet in which to view the prioritization of the GRAC recommendations.

Engagement

Pursuant to your motion, the GRAC recommendations are to be prioritized through roundtable discussions with people housed at CRDF and in the K6-G units. In wanting to provide a mechanism for authentic engagement and space that allows for transparency without partiality, the academic institution will also be expected to conduct the roundtable discussions on behalf of JCIT. They will be responsible for developing a research protocol for facilitating focus groups and presenting their findings in a final report that prioritizes the GRAC recommendations.

Also, as directed, JCIT has met with Dr. Kelley, and Director of Correctional Health Services, Dr. Timothy Belavich, to ascertain the programming and services available to those housed at CDRF and K6-G units at TTCF. Additionally, while accompanied by Dr. Belavich and Dr. Kelley, JCIT staff toured the K6-G units in October 2021 and CRDF in January 2022. It was imperative that JCIT had direct perspective of the jail facilities, the staff who assess the needs and provide services, and the work that is already in progress in order to build rapport with the key players to better inform the prioritization of the GRAC recommendations.

Each Supervisor
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Page 4

Further, JCIT has established and maintained reoccurring contact with stakeholders, many of which are members of GRAC or who have or advocate for those with lived experience, to solicit their input in this process, including: Dignity and Power Now, La Defensa, Vera Institute of Justice, A New Way of Life, Downtown Women's Center, Health Right 360, Homeless Outreach Program Integrated Care System, Project Return, and the Trans Latina Coalition.

Next Steps

JCIT anticipates the procurement of an academic institution to begin the population study and round table work by the time of the next report. JCIT will continue to work with the Board offices, County departments, Board-established initiatives, and community stakeholders to move forward with the recommendations in the GRAC report and directives contained in your October 19, 2021 motion and provide a status update every 90 days. Should you have any questions, please contact me at (213) 262-7791 or bnichols@ceo.lacounty.gov.

FAD:JN:BN:SM:js

c: Executive Office, Board of Supervisors
County Counsel



County of Los Angeles CHIEF EXECUTIVE OFFICE

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FESIA A. DAVENPORT
Chief Executive Officer

April 19, 2022

To: Supervisor Holly J. Mitchell, Chair
Supervisor Hilda L. Solis
Supervisor Sheila Kuehl
Supervisor Janice Hahn
Supervisor Kathryn Barger

From: Lesley Blacher, Acting Executive Director *LB*
Jail Closure Implementation Team

Board of Supervisors
HILDA L. SOLIS
First District

HOLLY J. MITCHELL
Second District

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Third District

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SAFELY REDUCING THE JAIL POPULATION BY EXPANDING COMMUNITY-BASED SYSTEM OF CARE FOR CISGENDER WOMEN, TWO SPIRIT, LESBIAN, GAY, BISEXUAL, QUESTIONING, AND TRANSGENDER, GENDER NON-CONFORMING AND/OR INTERSEX INDIVIDUALS (ITEM NO. 18, AGENDA OF OCTOBER 19, 2021)

On October 19, 2021, the Board of Supervisors (Board) approved a motion in support of the Gender Responsive Advisory Committee's (GRAC) report and directed the Jail Closure Implementation Team (JCIT) Executive Director to report back every 90 days on JCIT's efforts to prioritize and implement GRAC recommendations that further their mandate to decrease the jail population and close Men's Central Jail (MCJ), expand the community-based system of care for cisgender women, two spirit, lesbian, gay, bisexual, questioning, transgender, gender non-conforming and/or intersex (2S-LGBQ+TGI) people, develop a scope of work for a consultant to complete an updated population study of Century Regional Detention Facility (CRDF) and the K6-G units at MCJ, and work with Correctional Health Services and Gender Responsive Services on the prioritization of recommendations that promote gender responsive, trauma-informed services and programming for those that do not immediately qualify for release from custody.

On January 19, 2022, JCIT filed its first status report and subsequently, as directed by your Board, will continue to provide status updates every 90 days. In response, this report will serve as the second quarterly report to provide updates on the status of the directives from the October 19, 2021 motion.

GRAC Report Recommendations

Since the last report, JCIT has continued to meet regularly with the Alternatives to Incarceration (ATI) Office and Office of Diversion and Reentry (ODR) to inform our efforts to develop programming for the diversion and reentry of incarcerated cisgender women. Additionally, JCIT has remained invested in understanding the jail population through engagement at the GRAC and Jail Population Review Council public meetings and is scheduled to present on jail depopulation efforts at each respective meeting this month.

To advance the GRAC recommendations, JCIT completed a matrix that pairs them with ATI's Prevention and Reentry Recommendations as aligned with the Sequential Intercept Model and JCIT's current and proposed initiatives, and recommendations from collaborative partners. The matrix includes input from the Director of the Sheriff's Department's Gender Response Services, Dr. Melissa Kelley, and Correctional Health Services (CHS) Medical Director, Dr. Sean Henderson, and Director of Addiction Medicine Services, Ronnie Thomas, to further refine and prioritize the recommendation categories. The recommendation matrix is dynamic and will be updated regularly as roundtable conversations with incarcerated persons at CRDF and K6-G units occur, and will target and map select GRAC recommendations for implementation.

Engagement

JCIT has cultivated positive working relationships with representatives from the Sheriff's Department and CHS, which has provided direct opportunities for the team to obtain firsthand experience with the jail facilities and their operations and programming. On March 18, 2022, accompanied by the Office of Inspector General's Assistant Inspector General Cathleen Beltz, JCIT toured the Forensic Inpatient Stepdown Unit at Twin Towers Correctional Facility. The unit houses men who were previously treated in the Forensic Inpatient Hospital for exhibiting symptoms of severe mental illness but have been stabilized through psychiatric interventions and are learning to live in a structured, yet supportive environment, aided by psychiatric technicians and inmates serving as trusted messengers in the role of mental health assistants.

During the visit, JCIT also met with staff from CHS' Addiction Medicine Services and the Sheriff's Medication Assisted Treatment (MAT) team. To minimize substance abuse and overdose, the MAT team works to encourage medication compliance by inmates using FDA-approved medications coupled with counseling and behavioral therapies to treat substance use disorders, such as opioid use disorder and alcohol use disorder. JCIT toured the K6-G unit and observed a classroom that was participating in Substance Treatment And Reentry Transition (START) programming. The Los Angeles Centers for Alcohol and Drug Abuse (LA CADA), the START contracted provider, offers substance

use disorder programming, discharge planning, and court advocacy for the gay, bisexual, and transgender people housed in the K6-G units.

Additionally, JCIT is convening regular meetings with the District Attorney (DA), Public Defender (PD), Alternate Public Defender, ODR, and Vera Institute of Justice to identify a process and procedure to prioritize the pretrial release of women housed at CRDF. Case-review conferences have begun to evaluate the circumstances of pregnant women in custody to determine if a community setting can appropriately meet the needs of the individual without increasing the risk to public safety. The DA has secured placement and supportive resources for this specific population. Additionally, the PD has started to identify cases of women in custody who are not pregnant to help facilitate similar case-review conferences.

JCIT is also working with the County department leads identified in the November 16, 2021 report to expand existing contractual relationships with community-based organizations to provide housing and necessary supportive services to facilitate the release of more women from custody. In March of 2018, your Board directed ODR to divert pregnant women from the jail, whenever possible and through court interventions, and provide them with supportive housing and Reentry Intensive Case Management Services (RICMS). ODR Housing relies on an existing patchwork of funding to provide interim and permanent supportive housing and needs additional funds to expand services. To maximize ODR's capacity, JCIT has committed to fund ODR's Maternal Health Program through Fiscal Year 2023-2024 to expand its portfolio of housing options with the goal of serving more women and creating additional service capacity in the ODR clinical supportive housing programs.

Further, JCIT has sought additional community engagement opportunities with LA CADA, Anti-Recidivism Coalition, and Homeboy Industries, in addition to maintaining reoccurring contact with stakeholders, of which, many are members of GRAC and/or have lived experience or advocate for those with lived experience, including: Dignity and Power Now, La Defensa, Vera Institute of Justice, A New Way of Life, Health Right 360, and the Trans Latina Coalition.

Scope of Work for Consultant

With technical guidance from the Chief Information Officer and Dr. Melissa Kelley, JCIT developed a scope of work for an academic/research institution to conduct a population study on the cisgender women and 2S-LGBQ+TGI populations for those housed at CRDF and in the K6-G units at MCJ. A racial equity focus will inform the population study and incorporate focus groups for the purpose of determining, but not limited to, the social, behavioral, and health needs of incarcerated individuals and how they relate to the GRAC

recommendations in coordination with jail programming to address those needs and mitigate unfavorable outcomes. The academic/research institution will be expected to produce an analysis and final written report and a presentation synthesizing all statistical findings and focus group outcomes that address the conditions of those that are detained, as well as provide another facet in which to assess the prioritization of the GRAC recommendations. Currently, JCIT is working with the Chief Executive Office Contracts Section on a solicitation process to procure the academic/research institution.

Next Steps

JCIT will continue to work with the Board offices, County departments, Board-established initiatives, and community stakeholders to move forward with the recommendations in the GRAC report and directives contained in the October 19, 2021 motion and provide a status update every 90 days. Should you have any questions, please contact me at (213) 262-7989 or lblacher@ceo.lacounty.gov.

FAD:JN:LB:SM:js

c: Executive Office, Board of Supervisors
 County Counsel



County of Los Angeles CHIEF EXECUTIVE OFFICE

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FESIA A. DAVENPORT
Chief Executive Officer

July 25, 2022

To: Supervisor Holly J. Mitchell, Chair
Supervisor Hilda L. Solis
Supervisor Sheila Kuehl
Supervisor Janice Hahn
Supervisor Kathryn Barger

From: Lesley Blacher, Acting Executive Director *LB*
Jail Closure Implementation Team

Board of Supervisors
HILDA L. SOLIS
First District

HOLLY J. MITCHELL
Second District

SHEILA KUEHL
Third District

JANICE HAHN
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KATHRYN BARGER
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SAFELY REDUCING THE JAIL POPULATION BY EXPANDING COMMUNITY-BASED SYSTEM OF CARE FOR CISGENDER WOMEN, TWO SPIRIT, LESBIAN, GAY, BISEXUAL, QUESTIONING, AND TRANSGENDER, GENDER NON-CONFORMING AND/OR INTERSEX INDIVIDUALS (2S-LGBTQ+TGI) (ITEM NO. 18, AGENDA OF OCTOBER 19, 2021)

On October 19, 2021, the Board of Supervisors (Board) directed the Jail Closure Implementation Team (JCIT) Executive Director to report back every 90 days on JCIT's efforts to prioritize and implement the Gender Responsive Advisory Committee's (GRAC) recommendations on:

- 1) Prioritizing and implementing the GRAC's recommendations, in collaboration with the Directors of Alternatives to Incarceration (ATI), the Office of Diversion and Reentry (ODR), and Gender Responsive Services with the goal of furthering JCIT's mandate to decrease the jail population and close MCJ without a replacement and to expand the County's mission to expand the community-based system of care for cisgender women and 2S-LGBQ+TGI persons, including those housed at CRDF and the K6-G units at Twin Towers Correctional Facility (TTCF);
- 2) Developing a scope of work for a consultant from an academic research institution to complete an updated population study of CRDF and the K6-G units at TTCF while utilizing a racial equity lens; and
- 3) Working with the Directors of Correctional Health Services (CHS) and Gender Responsive Services to engage those who are currently incarcerated, through the use of round table discussions, to prioritize and implement the GRAC recommendations that promote gender-responsive, trauma-informed services and programming for those who do not immediately qualify for release.

The Board also directed JCIT to report back every 90 days on progress. This report will serve as the third quarterly report to provide updates on the status of the directives from the October 19, 2021, motion.

GRAC Report Recommendations

Since the last report, JCIT has continued to meet regularly with the ATI and ODR to inform our efforts to develop programming for the diversion and reentry of incarcerated cisgender women and the 2S-LGBQ+TGI populations. Additionally, JCIT has remained invested in understanding the jail population through engagement at the GRAC and Jail Population Review Council public meetings and has regularly presented on jail depopulation efforts.

To advance the GRAC recommendations, JCIT completed a matrix that pairs them with ATI's Prevention and Reentry Recommendations as aligned with the Sequential Intercept Model and JCIT's current and proposed initiatives, and recommendations from collaborative partners. The matrix includes input from the Sheriff's Department and CHS. The next review will be conducted by the consultant, an academic/research institution, whose research will focus on illuminating patterns and trends that speak to the recommendations; specifically, to improve data about the jail population; examine issues related to inmates' time in the jails, including their conditions of confinement, programming, and health and well-being; and evaluate demographic and other differences across the populations of interest. Additionally, the consultant will conduct an analysis of administrative, survey, and roundtable discussion data to assess factors known to be associated with successful community reentry.

Scope of Work for Consultant

After developing the scope of work for an academic/research institution to conduct a population study on the cisgender women and 2S-LGBQ+TGI populations for those housed at CRDF and in the K6-G units at MCJ, JCIT explored the Master Agreement lists from the Chief Executive Office, Chief Information Office, Department of Mental Health, and Internal Services Department and reviewed the recent GRAC-related studies of the Los Angeles County jail system and their respective authors. It was clear that an academic institution that met the Board's requirement was not identified on any of the lists.

Due to proximity and respective fields of research that could be a good fit for this project, JCIT contacted the University of California, Los Angeles' California Policy Lab and the University of California, Irvine's Center for Evidence-Based Corrections. The California Policy Lab declined due to a lack of capacity, however, the Center for Evidence-Based Corrections referred an affiliate. JCIT anticipates executing a contract and beginning work with them in August 2022.

The potential contractor's research has focused on prostitution, hate crime, and prison violence and grievances to explore the links between deviance and social control, the politics of crime control, social movements and social change, and corrections and public policy. Drawing on multiple theoretical perspectives, from social constructionism to new institutionalism, they have employed a variety of quantitative and qualitative research methods to contribute to understanding crime. In addition, they have developed innovative educational materials for public policy officials and practitioners; provided professional training to personnel working in jails, prisons, and immigration detention facilities; and have a great deal of expertise related to conditions of confinement in lock-up facilities.

Engagement

JCIT continues to refine and build upon its relationships with representatives from the Sheriff's Department and CHS, which has granted opportunities for the team to obtain firsthand experience with the jail facilities and their operations and programming. In August 2022, the Sheriff's Department's Director of Gender Responsive Services, Dr. Melissa Kelley, will host tours of the Pitchess and Mira Loma Detention Centers. Additionally, Dr. Kelley will host JCIT and representatives from the University of Irvine's Center for Evidence-Based Corrections at CRDF. The facility is being renovated to incorporate a Forensic Inpatient Program (FIP) step down unit, modeled after the units in MCJ, that will house women previously treated in FIP for exhibiting symptoms of severe mental illness but have been stabilized through psychiatric interventions and are learning to live in a structured, yet supportive environment, aided by psychiatric technicians and inmates serving as trusted messengers in the role of mental health assistants.

On June 30, 2022, JCIT met with the Women and Girls Initiative newly appointed Executive Director, Chanel Smith, who was onboarded in May 2022. JCIT is looking forward to partnering with Ms. Smith and ensuring that our work is gender-responsive and equitable.

To support ODR's efforts to divert pregnant women from the jail, whenever possible and through court interventions, and provide them with supportive housing and Reentry Intensive Case Management Services (RICMS), JCIT began funding ODR's Maternal Health Program through Fiscal Year 2023-2024 beginning on April 1, 2022. This will enable ODR to support the diversion of up to 50 women with interim housing, employment and vocational training, and rapid re-housing and connection to RICMS, with the goal of providing support and stability that leads to reduced recidivism rates. Currently, the Maternal Health Program is serving 24 pregnant and parenting women; all are receiving RICMS, and some are receiving mental health services and substance use treatment. Future reports will detail the success rates of clients and long-term metrics related to housing, employment, and recidivism.

Further, JCIT continues to engage with community-based organizations, including the Amity Foundation, Los Angeles Centers for Alcohol and Drug Abuse (LA CADA), and other service providers that support a person's successful reentry into the community. On

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June 6, 2022, JCIT met with the Amity Foundation, an ATI provider and third-party administrator of Care First Community Investment funds and toured the men's re-entry program site in Los Angeles. On June 13, 2022, JCIT met with LA CADA, a provider for the Department of Public Health's Substance Abuse Prevention and Control Program and toured the women's re-entry program site in Santa Fe Springs. On June 23, 2022, JCIT met with Housing for Health staff and toured the Home at Last interim housing site in Los Angeles. These tours offered a firsthand perspective of services that are available to support the diversion and reentry of cisgender women and the 2S-LGBQ+TGI populations to provide safe and supportive landing spaces upon their release from custody.

Next Steps

JCIT will continue to work with the Board Offices, County departments, Board-established initiatives, and community stakeholders to move forward with the recommendations in the GRAC Report and directives contained in the October 19, 2021, motion and provide a status update every 90 days.

Should you have any questions concerning this matter, please contact me at (213) 262-7989 or lblacher@ceo.lacounty.gov.

FAD:JMN:LB
SM:ap

c: Executive Office, Board of Supervisors
 County Counsel
 Sheriff
 Alternatives to Incarceration
 Office of Diversion and Reentry



COUNTY OF LOS ANGELES

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 100
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Website: jcod.lacounty.gov

INTERIM DIRECTOR
Judge Songhai Armstead, *ret.*

June 27, 2023

To: Supervisor Janice Hahn, Chair
Supervisor Hilda L. Solis
Supervisor Holly J. Mitchell
Supervisor Lindsey P. Horvath
Supervisor Kathryn Barger

From: Songhai Armstead, Interim Director *HE for JSA*
Justice, Care and Opportunities Department

JAIL CLOSURE IMPLEMENTATION TEAM – FOURTH QUARTERLY REPORT (ITEM NO. 27, AGENDA OF JUNE 22, 2021) – SAFELY REDUCING THE JAIL POPULATION BY EXPANDING THE COMMUNITY-BASED SYSTEM OF CARE FOR CISGENDER WOMEN, TWO SPIRIT, LESBIAN, GAY, BISEXUAL, QUESTIONING, AND TRANSGENDER, GENDER NON-CONFORMING AND/OR INTERSEX (2S-LGBTQ+TGI) INDIVIDUALS (ITEM NO. 18, AGENDA OF OCTOBER 19, 2021)

In response to the Board of Supervisors (Board) approved motion to create the Jail Closure Implementation Team (JCIT) to depopulate and close the Men's Central Jail (MCJ), the Chief Executive Office (CEO) first reported to your Board on July 14, 2021, outlining the efforts to create JCIT. On November 16, 2021, 60 days after becoming operational, JCIT filed its first status report, and as directed by your Board, JCIT is submitting this fourth quarterly report to provide updates on the status of the directives from your June 22, 2021, motion. On October 19, 2022, JCIT informed the Board JCIT would consolidate all future reporting on Gender Responsive Advisory Committee's into the quarterly updates JCIT regularly submits to the Board every 90 days.

The attached quarterly update provides a summary of JCIT's efforts since our last report back on September 1, 2022. Since that report, on November 1, 2022, JCIT moved from CEO to the Justice, Care and Opportunities Department. This report includes updates on the following:

- Jail depopulation strategies including among others: individuals with serious mental illness; streamlining state prison transfers; and evaluation of custodial length of stay issues



Each Supervisor
June 27, 2023

- JCIT's support of programs that assist with jail depopulation

Next Steps

JCIT will continue to work with the Board offices, County departments, Board-established initiatives, and stakeholders to move forward with the activities outlined above and on the attached report. The next status report will be provided in 90 days.

Should you have any questions concerning this matter, please contact me at (213) 974-1664 or jsa@jcod.lacounty.gov.

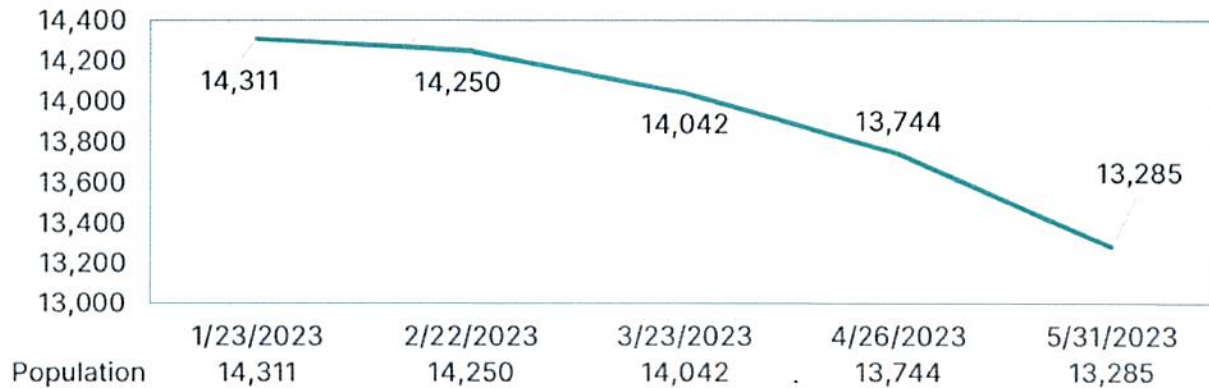
SA:GVE:RSP:lac

Attachment

c: Executive Office, Board of Supervisors
 County Counsel
 District Attorney
 Sheriff
 Alternate Public Defender
 Chief Executive Office, DOJ Compliance Office
 Health Services
 Internal Services
 Mental Health
 Probation
 Public Defender
 Public Health
 Public Works

Overview of Current Jail Population

As of May 31, 2023, the current jail population was 13,285. The below graph summarizes a monthly population trajectory for the last five months.



Since the Emergency Bail Schedule (EBS) terminated in July 2022¹, the jail population steadily increased to over 14,000. Recent downward trends in jail population are primarily a result of increasing the numbers of individuals transferred to State prisons and hospitals. Although this improvement is promising, we know there is more to be done to lessen reliance on the jails and move towards closure. The September 2021 JFA Institute Report (JFA Report) opined that the jail population needs to be reduced to 7,169 before closure of Men's Central Jail (MCJ) can occur.²

Development of Jail Depopulation Strategies³

Legal Limits on Depopulating the Jail

JCIT's jail depopulation strategies address three key areas: 1) identifying populations for custody alternatives to decrease reliance on the jails; 2) reducing the average length of stay of individuals in custody; and 3) curbing the inflow of individuals coming into the jail through continued support of pre-arrest/pre-filing diversion efforts, or re-entry programs that reduce recidivism.

However, JCIT's depopulation strategies are determined by the legal mechanisms for release

¹ As of May 24, 2023, the EBS was reinstated pending litigation in the *Urquidi* case where the County of Los Angeles (County) is a party. The EBS applies only to arrests made by the Los Angeles County Sheriff's Department (LASD) and City of Los Angeles Police Department.

² See JFA Report, pg. 3, 4.

³ On November 1, 2022, JCIT moved from the Chief Executive Office into the Justice Care and Opportunities Department (JCOD). This move enables JCIT continue the work of depopulating and closing MCJ and directly connect with the diversion efforts led by JCOD.

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from custody. As the chart below illustrates, release decisions are made by judges or law enforcement, not the County:

Pathway	Stage in Case	Who Determines Release
Own Recognizance Release	Arraignment up until sentencing	Judicial determination. The court may also consider the prosecutor's ⁴ position on release.
Misdemeanor Incompetent to Stand Trial (MIST) and Felony Incompetent to Stand Trial (FIST)	Pre-Trial	Judicial Determination. The court may also consider the prosecutor's position on release.
Mental Health Diversion	Pre-Trial	Judicial Determination. The court may also consider the prosecutor's position on release.
Condition of Probation	Sentencing	Judicial determination. The court may also consider the prosecutor's position on release.
Split Sentence ⁵	Sentencing	Judicial determination. The court may also consider the prosecutor's position on release.
Pen. Code, § 4011.6 ⁶	Anytime	Sheriff determination.
Pen. Code, § 4011.8 ⁷	Anytime	Consent of the Sheriff and County Mental Health Director. However, instead of Sheriff consent, the court can also make a determination.
Pen. Code, § 1203.016 ⁸	Sentenced	Sheriff
Pen. Code, § 1203.018 ⁹	Pre-trial	Sheriff
Pen. Code, § 1170.06 ¹⁰	Sentenced	Sheriff

⁴ For the purposes of this table, prosecutor refers to both the District Attorney and City Attorney.

⁵ A prison sentence served locally. It is a combination of jail time and supervision.

⁶ This provision allows the Sheriff to involuntarily transfer an individual for 72-hour psychiatric evaluation pursuant to Welfare and Institutions Code section 5150.

⁷ This provision allows a *voluntary* transfer to mental health treatment outside of the jail for a period longer than 72-hours.

⁸ Requires approval by the Board of Supervisors (Board) for an electronic monitoring program.

⁹ Requires approval by the Board for an electronic monitoring program.

¹⁰ This allows the Sheriff to implement a voluntary alternative to custody program.

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In addition to these legal limits, other factors, such as the availability of additional community beds¹¹ contribute to whether jail depopulation strategies and the closure of MCJ can be quickly realized. As detailed below, JCIT is formulating actionable strategies that can depopulate the jail and lead to the closure of MCJ.

Strategies for the Seriously Mentally Ill

With the number of individuals diagnosed with serious mental illness (SMI) increasing in the jails, JCIT has focused depopulation strategies and programming for this population.

In its September 2022 quarterly report, JCIT identified transitioning/transferring SMI individuals to secured mental health treatment facilities as a central depopulation strategy. Subsequently, on September 27, 2022, the Board passed a motion directing JCIT along with other County stakeholders to report back on a plan for building out secure mental health beds. This effort led to the Board passing a second motion on April 4, 2023, to develop an initial 500 secure mental health care beds “to care for the P3/P4 individuals currently in the jails as the ‘Jail Depopulation Program.’”

Consistent with JCIT’s recognition that the SMI population should be a focus of depopulation efforts, in July 2022, JCIT in collaboration with the County Department of Mental Health (DMH), initiated and funded a 45-bed program for SMI individuals, that would include DMH Full-Service Partnership mental health and supportive services. The program is at capacity with a waiting list and DMH will expand the program to include an additional 55 beds over the next few months. This program helps immediately depopulate the SMI individuals who do not require secured facilities. Additional details on the program are included in the “Programs that Support Jail Depopulation” section of this report.

Improving the Process for the State Prison Transfers

Both the MCJ Closure Report and JFA Report identified increasing the number of state prison transfers as key to depopulating the jail.¹² In January 2023, JCIT initiated meetings with County Counsel and the Los Angeles County Sheriff’s Department (LASD) to assist in developing strategies to streamline the paperwork process so LASD can expedite state prison transfers.

¹¹ A range of various types of beds are necessary to support the needs of individuals outside of custody, including, but not limited to, permanent supportive housing, interim housing (e.g., recovery bridge housing, etc.), as well as treatment beds across the continuum of care that meet the Mental Health and Substance Use needs of individuals.

¹² See The Men’s Central Jail Closure Plan: Achieving a Care First Vision, March 2021 (MCJ Closure Report) p.48; JFA report pp. 10,16.

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Over the last few months JCIT conducted research, consulted with LASD and County Counsel, participated in numerous meetings, and developed a strategy for raising the issue with the California Department of Corrections and Rehabilitation (CDCR). In late April 2023, CDCR informed LASD that it will allow LASD to provide the necessary paperwork AFTER an individual is transferred to state prison. By moving a time-consuming paperwork process to after the state prison transfer process has occurred, LASD believes this new process will have a significant long-term impact on keeping the pending state prison transfer numbers low. Due to this and other efforts to expedite state prison transfers, from late April through June 21, 2023, the total number of people awaiting transfer to state prison has decreased by approximately 37 percent.

Developing Sentencing Alternatives to Reduce Reliance on Incarceration

Another key to jail depopulation is to develop programming for those with mild to moderate mental health or substance use disorder needs that may require interim housing, counseling, job assistance, substance use treatment, and other services. JCIT/JCOD executed a contract with a provider that will provide housing and individualized services for those who have at least nine months of custody time in their sentence. The JCOD Specialized Treatment for Optimized Programming (JCOD STOP) program is set to launch this summer and will provide up to 400 beds over a two-year period.

JCOD STOP will have two sources of referrals.

- LASD: Those currently serving a local state prison sentence in County jail. LASD will determine individuals who qualify for release to the program as a voluntary alternative to custody per Penal Code section 1170.06.
- Criminal Court System: Judges can impose time in the program as an alternative to lengthy jail or state prison sentences.

By creating a program that both depopulates the jail via LASD referrals and provides an alternative to incarceration in criminal cases, we believe JCOD-STOP will help reduce reliance on County jail facilities.

Evaluating Length of Stay Issues

Both the MCJ Closure Report and JFA Report note that the average length of stay (LOS) in the County jails must decrease for jail closure to occur.¹³ To reduce reliance on County custodial facilities and depopulate the jail, LOS issues must be ameliorated. Because of the numerous

¹³ See MCJ Closure Report p. 85 and JFA report p.9. JFA noted that LOS in the County is double the statewide average.

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justice stakeholders involved with the variety of LOS issues, creating sustainable strategies to address long-term systemic problems leading to excessive LOS is a challenge.

JCIT is evaluating LOS issues and plans to transform the Custody Alternatives Team into a workgroup to discuss LOS issues and prioritize interventions to reduce LOS for individuals in custody. We have had meetings with the County Chief Information Office (CIO), along with the DOJ Compliance Office to discuss the data analysis needed for this work.

Compassionate Release

Yearly there are individuals in the jail, either on hospice care, or receiving significant medical services that should be provided in a skilled nursing facility instead of a jail. However, the current statutes relating to the Sheriff's authority to compassionately release individuals may need to be amended to provide the Sheriff the opportunity to release more of these individuals into the community.

Earlier this year, stakeholders met to review compassionate release issues. As a result, JCIT is creating a workgroup to examine potential legislative amendments so more individuals can be compassionately released and cared for in the community, not in the jail.

Review of Diversion Alternatives at the Arrest/Pre-Filing Stage

Recently JCOD/JCIT hosted a meeting with LASD and the County DOJ Compliance officer regarding a Booking Diversion program that LASD obtained a grant before the pandemic for those with mental illness. Due to the pandemic, the program was delayed, and stakeholders were not aware of the programs currently offered by JCOD. The JCOD team also met with the Office of Diversion and Reentry's Law Enforcement Assisted Division (LEAD) program to explore where efforts between JCOD's pre-filing program and LEAD are aligned to meet various needs of the pre-filing population. JCIT will lead follow-up meetings with LASD and other stakeholders to ensure that any new diversion programs will not duplicate current programs being offered in the County and determine if current pre-filing diversion programs can be expanded to assist with depopulation.^{14,15}

¹⁴ The MCJ Closure Report emphasizes the importance of expanding diversion to contribute to jail depopulation and MCJ closure. (See pp. 63-70.)

¹⁵ The Los Angeles County Alternatives to Incarceration Work Group Final Report, Recommendation No. 48 also encouraged the County to develop and expand pre-arrest and pre-booking diversion programs, using decentralized, cross-functional teams to coordinate behavioral health assessments and connections to community-based systems of care, for people whose justice system involvement driven by unmet behavioral health needs, in coordination with law enforcement and community providers. (ATI Report p. 52, 77.)

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Incorporating Gender Responsive Advisory Committee Recommendations

In our previous quarterly report, JCIT indicated it would conduct a mini solicitation with local universities that may be interested in partnering with JCIT to conduct a population study on the cisgender women and two spirit, lesbian, gay, bisexual, questioning, and transgender, gender non-conforming and/or intersex populations for those housed at Century Regional Detention Facility (CRDF) and in the K6-G units at MCJ. JCIT released a Request for Information in early November 2022. However, only one response was received, and it was not the right fit. With Board approval, JCIT elected not to move forward with a consultant and instead, sought out individuals with lived experience to conduct focus groups in both MCJ and CRDF to gain additional insight into how to prioritize the GRAC's recommendations and fulfill the objectives of the 2021 GRAC Board Motion.

Staff members with lived experience from the Anti-Recidivism Coalition (ARC) have agreed to facilitate the focus groups in collaboration with JCIT, are currently undergoing the clearance process, and will be compensated for their time. There will be four focus groups in total – two with individuals in the K6-G units at MCJ and two with individuals at CRDF. JCIT has developed the project plan and is currently in final stages of collaborating with LASD on logistics. The focus groups are scheduled to take place at MCJ on July 11, 2023, and CRDF on July 12, 2023. The focus groups will also obtain feedback on depopulation strategies and how to best incentivize remaining in community beds upon release from custody. Any feedback received during the focus groups, along with recommendations, will be incorporated into JCIT's next quarterly report.

Providing Opportunities for Those with Lived Experience to Assist with the Jail Closure Implementation Team, JCOD Pre-Trial Services, and Re-Entry Programs

Although conducting focus groups is helpful for obtaining feedback, it is not a sufficient mechanism for those with lived experience to provide ongoing insight into jail depopulation and closure, pre-trial services, and re-entry programs.

JCIT is exploring incubating a broader JCOD/JCIT Fellowship Program that would provide individuals with lived experience an opportunity to work at JCOD and rotate through different divisions. At this development stage, we are envisioning a program length of 12-24 months, that would include a portion of that time working with JCIT and assisting in employing/developing depopulation strategies. Individuals could then rotate through different divisions of JCOD so those with lived experience have a variety of opportunities to share their insights as well as obtain valuable County work experience.

JCIT is in the process of developing program specifics, along with a proposed implementation plan and budget.

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Data Needs for Jail Population Modeling

As the JFA Report noted, jail population analysis is critical to MCJ closure because population projections are necessary to understanding the drivers of local incarceration.¹⁶ However, these projections are only as good as the assumptions that underlie them and require a thoughtful analysis of data needed to ensure quality jail population modeling.

Because of the County's size and the amount of data involved in tracking arrests, cases, jail classifications, and releases, combined with County stakeholders and the Superior Court having differing systems that do not necessarily capture all the same data, obtaining data needed for jail modeling is a challenge. In addition, upon moving to JCOD, the department will need data agreements with LASD and the Superior Court (if they are willing to share data). Moreover, JCIT's data needs and agreements will be coordinated with the larger needs of JCOD to avoid duplication.

JCIT and JCOD recently had meetings with CIO and the DOJ Compliance Office to discuss data needs and JCOD is in the process of finalizing JCOD/JCIT data requests. We anticipate additional meetings with CIO and other stakeholders to formulate data sharing agreements and evaluation of what computer programs and staff may be needed to maintain ongoing jail population modeling.

Programs that Support Jail Depopulation

Care First Community Investment (CFCI) Programs Funded by JCIT

JCIT has established partnerships with County departments and community-based organizations to facilitate direct community investment that supports the closure of MCJ by expanding access to housing and services while ensuring public safety. With the adoption of the Board's Supplemental Budget Recommendations on October 5, 2021, JCIT funded \$42 million, over two years, to support the closure of MCJ and to divert people with mental health and substance use disorders.

With these CFCI funds, JCIT committed to expanding interim housing, substance use disorder (SUD) treatment, mental health services, and intensive case management services administered through County department contract provider networks. A current overview of the available beds and their utilization, as well as a summary of each program and its activity, through Year 1 Quarter 3 (March 2023) is listed in the table below.

¹⁶ JFA Report pp. 8, 9.

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Program	County Dept. Funded	# of Years	# of Slots Funded	Funding	Use through Q3	Start Date
Housing for Health (HFH) Interim Housing Beds	DHS	2	80	\$7,426,000	36	7/1/2022
Interim Housing	DMH	2	45	\$4,458,000	77	9/1/2022
ODR Maternal Health	DHS	2	50	\$5,142,000	37	4/1/2022
Reentry Interim Housing	JCOD	2	108	\$8,854,000	154	7/1/2022
DPH-SAPC Community Treatment Program	DPH	2	850 Encounters ¹⁷	\$8,460,000	1,914 Individuals Served	7/1/2022
TOTALS			283 Slots 850 Encounters	\$34,340,000		

A summary of the following CFCI programs funded by JCIT is described below:

Department of Health Services (DHS) Housing for Health Interim Housing

JCIT partnered with the DHS Housing for Health (HFH) program to support 80 interim housing beds. This program links reentry clients who are transitioning from jail with interim housing, intensive case management services, benefits establishment, and other supportive services. From, August 2022, to March 31, 2023, the program received 292 referrals and 36 enrollments.

This HFH program experiences the ongoing challenge of referred individuals not arriving at all to the program site, or remaining long enough, to receive the full scope of services offered to successfully transition into permanent housing and the community. Although there are many referrals, because these clients are not mandated to participate in the program, and many struggle to complete any type of voluntary program, despite the vast array of services offered, the overall participation rate is low. The HFH team and its provider continues to work with clients to increase overall engagement.

This program provides needed services and pathways to success for those who choose to take advantage of the services. In its recent quarterly report, HFH highlighted that due to the HFH housing and supportive services, a participant feels, "hope and an open door to happiness again." With HFH's assistance, he has obtained documents needed to secure employment, (e.g., his identification and Social Security cards), and expressed that program motivates him to do well.

¹⁷ Each service, in-person or telephonic visit, supportive housing, or action taken by DPH-SAPC or contract provider staff to support a person with SUD treatment and/or housing qualifies as an encounter.

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Department of Mental Health Interim Housing

The DMH Interim Housing Program has consistently demonstrated success since it began receiving referrals in August 2022. The program provides two sites – one with 22 beds and one with 23 beds - for a total of 45 beds providing interim housing and intensive services to SMI individuals.

Participants receive clinical services including individual and group behavioral health treatment, psychiatry, occupational therapy, family reunification, medication management and recreational therapy. Case management services are also provided, and participants are provided life skills services that assist with community reentry, education/employment readiness, life skills management, interpersonal skills building, benefits establishments, and linkages to housing. From August 2022, through March 2023, the program received 83 referrals, and 77 participants were enrolled. During this time, five participants transitioned to permanent housing.

Department of Health Services Office of Diversion (ODR) and Reentry Maternal Health Program

JCIT funded the ODR Maternal Health Program in April 2022. Since inception, the program has provided services to 47 pregnant people. The participants are provided with supportive housing and Reentry Intensive Case Management Services (RICMS). The goal of the program is to provide the resources for participants to reach a level of stability and self-sufficiency that will lower recidivism rates.

In its Quarter 3 report ODR Maternal Health noted a CFCI participant was approved for rapid rehousing and is searching for their own apartment. The participant is committed to a full-time job, complying with all program requirements, in the County INVEST job training program, and is on track for continued success.

Justice, Care and Opportunities Department Reentry Interim Housing

This program was formerly known as “ODR Interim Housing.” When JCIT initially funded the 76 beds, along with an expansion of 32 beds, the program was still housed in DHS-ODR. When JCOD was launched in November 2022, it assumed this program (and its staff) and renamed it “JCOD Reentry Interim Housing.” From July 1, 2022, through March 31, 2023, the program processed 226 referrals, and enrolled 154 participants.

JCOD Reentry Interim Housing aims to provide stability to participants, in tandem with RICMS Community Health Workers, by assisting with job stability, living on their own, and overcoming obstacles that justice involved individuals face when reintegrating back into the community. The program reported that CFCI clients have obtained their own apartments, and one is in the process of purchasing their first home. Others are working towards regaining custody of their children by securing housing.

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Due to the lack of available affordable housing options in the County, the rate of being permanently housed is low. Three of the four interim housing sites the program oversees are in the same part of the County, and the program notes that housing resources in other County areas are needed. Many times, participants will request to be housed in other sites due to gang related affiliation; they do not want to be exposed to the same environments that led them to incarceration. Availability of housing locations in other areas could increase the rate of permanent housing for participants. JCOD refers clients to the permanent supportive housing program Breaking Barriers, submits Section 8 housing applications, and continues to research various other community services to assist with permanent housing such as bank loan programs. JCOD may also explore partnerships with the Homeless Initiative and Los Angeles Homeless Services Authority.

Department of Public Health Substance Abuse Prevention and Control (SAPC) Community Treatment Program

JCIT funded the SAPC community treatment program to provide an array of substance use disorder (SUD) treatment services to individuals who are being diverted or released from jail. Referrals to the program began in July 2022 and are received through the Correctional Health Services' Addiction Medicine Services, Department of Public Health's Transformation to Advance Recovery and Treatment program, the Care Transitions Unit, Housing for Health, and justice partners.

From July 2022 through March 2023, the program served 1,914 individuals. Of these, 1,425 individuals were discharged during the same time period having shown improvement in their mental and physical health, housing, employment, job training and substance use. The program also recently advised that due to an increase in its overall funding portfolio, it can maximize JCIT CFCI funding to serve more justice involved individuals than originally projected. As of March 2023, the program has served more than double the original projection of 850 individuals in just the first 9 months.

Broader Initiatives

Universal Screening Framework/Universal Tool

JCIT along with JCOD convened a meeting on March 22, 2023, which was attended by County Justice Partners (i.e., representatives from the District Attorney, Public Defender, and Alternate Public Defender) and County Health Partners (i.e., representatives from the DHS, DMH, and SAPC), to dialogue about collaborative opportunities that could facilitate enhancements to the existing processes a justice-involved/justice-impacted individual experiences in the County. One identified opportunity was the potential value of having a Universal Screening process that can

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be utilized with all justice-involved individuals regardless of where they are in their involvement with the justice system.

On May 11, 2023, representatives from DHS, DMH, and SAPC met to dialogue further about the feasibility of development of a Universal Screening Framework that would include a Universal Screening Tool to assist any user of the tool, regardless of where in any system/community the user is situated, with identification of clinical and/or non-clinical needs/factors being experienced/impacting the individual. Identification of clinical and/or non-clinical needs/factors can aid in determining next steps (e.g., referral for a full mental health assessment, referral for a full substance use assessment, referral for assessment to participate in a housing program with supportive services, etc.).

The Universal Screening Tool would be embedded in the JCOD Beds and Services Navigator Application, which will be available for use by community members including individuals working in County departments that interface with justice-involved/justice-impacted individuals.



COUNTY OF LOS ANGELES


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DIRECTOR

Judge Songhai Armstead, *ret.*

March 8, 2024

To: Supervisor Lindsey P. Horvath, Chair
Supervisor Hilda L. Solis
Supervisor Holly J. Mitchell
Supervisor Janice Hahn
Supervisor Kathryn Barger

From: Judge Songhai Armstead, Director 
Justice, Care and Opportunities Department

JAIL CLOSURE IMPLEMENTATION TEAM – FIFTH QUARTERLY REPORT (ITEM NO. 27, AGENDA OF JUNE 22, 2021)

On June 22, 2021, the Board of Supervisors (Board) approved the creation of the Jail Closure Implementation Team (JCIT) to depopulate and close Men's Central Jail (MCJ) and requested JCIT provide quarterly reports. On November 1, 2022, the Justice, Care and Opportunities Department (JCOD) assumed responsibility for the JCIT work.

Attached is JCIT's Fifth Quarterly Report, which includes a strategic plan that targets the factors and level of effort needed to depopulate and close MCJ within five years. It also details JCIT's next steps in forwarding the work of jail depopulation and closure. The report provides an overview of the current jail population and the impact of the bail schedule. It also discusses prior jail closure reports.

As noted in the report, to close MCJ within five years, all the following must occur:

- The County builds 1,200 community beds dedicated for jail depopulation purposes per year, every year, for five years (6,000 beds total);
- The average utilization/turnover rate of the community beds dedicated for depopulation is once per year;
- Judges find it safe to release an additional 7,000 people per year to community treatment;



Each Supervisor
March 8, 2024

- Individuals placed in community beds dedicated to depopulation reduce their annual recidivism rate by 30% while in these beds;
- Jail releases can be accelerated by 50% through various other interventions (expediting criminal case processing and quicker pretrial release);
- No other major increases in bookings into the jail due to changes in the crime rate, nor any legislative changes that create lengthier punishments for crimes;
- Relocating all specialized populations within MCJ to other current jail facilities; and
- Finding custody space near the Inmate Reception Center to comply with *Rutherford* 24-hour requirements.

To ensure progress is made in each factor listed above, JCIT will lead monthly meetings with all stakeholders and will create three subcommittees to address (1) criminal case processing; (2) community beds; and (3) jail facility remodeling. Further, the report notes how crucial data analysis is to JCIT's work and how JCIT will collaborate with County stakeholders to draft potential legislative proposals that would assist in furthering jail depopulation and closure.

Should you have any questions concerning this matter, please contact me at (213) 974-1664 or jsa@jcod.lacounty.gov.

SA:AB:JFS:RSP:lac

Attachment

c: Executive Office, Board of Supervisors
 County Counsel
 District Attorney
 Sheriff
 Alternate Public Defender
 Chief Executive Office, DOJ Compliance Officer
 Health Services
 Internal Services
 Mental Health
 Probation
 Public Defender
 Public Health
 Public Works

JAIL CLOSURE IMPLEMENTATION TEAM

JAIL CLOSURE PLAN AND NEXT STEPS



FIFTH QUARTERLY REPORT

MARCH 8, 2024

**JUSTICE, CARE AND OPPORTUNITIES DEPARTMENT
JAIL CLOSURE IMPLEMENTATION TEAM
FIFTH QUARTERLY REPORT
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Timeline and History of Closure of Men's Central Jail in the County

*** = key event

- **July 5, 2013:** Vanir Construction Management Report, "[Los Angeles County Jail Plan: Independent Review and Comprehensive Report](#)". Recommended to close and demolish MCJ and replace it with a Consolidated Correctional Treatment Facility (CCTF) dedicated to providing more appropriate mental health treatment to inmates.
- ***** May 6, 2014:** The Board [votes to move forward](#) with \$2B plan to replace MCJ with a Consolidated Correctional Treatment Facility (CCTF). [Presentation by Vanir Construction Management](#), Option 1B was selected by the Board. The motion also called for several departments to explore opportunities to increase diversion and alternatives to incarceration. It also authorized the development of a women specific jail facility at Mira Loma.
- **June 19, 2015:** Board Motion, "[Suspension of Jail Master Plan](#)" (Kuehl and Ridley-Thomas). Suspended work on the CCTF and Mira Loma facilities until further notice, and directed the creation of an independent assessment of the number of treatment beds needed at the CCTF as well as an analysis of community-based alternatives; HMA ultimately delivered this analysis on August 4, 2015.
- **August 4, 2015:** Health Management Associates (HMA) Report, "[Los Angeles County Consolidated Correctional Treatment Facility Population Analysis and Community Health Care Continuum](#)".
- ***** September 1, 2015:** Several Board motions and amendments as part of [Set Matter #1](#). Re-started work on the CCTF and Mira Loma facilities, and also established the Office of Diversion and Reentry (ODR) within DHS with several initial directives.
- **2015 through 2018:** [CEO-led design, RFSQ, RFP, and vendor selection process](#) for both the CCTF and Mira Loma project development, including Environmental Impact Report (EIR) process.
- **June 19, 2018:** [Final Environmental Impact Report \(EIR\)](#) for the Consolidated Correctional Treatment Facility (CCTF) approved by BOS, and \$2.2B budget established.
- **August 14, 2018:** Board Motion, "[Scaling up Diversion and Reentry Efforts for People with Serious Clinical Needs](#)" (Ridley-Thomas and Barger). DHS lead. Directed DHS to work with a consultant and report back to identify individuals in the jail who may be eligible for diversion and reentry programs (were those programs developed) along with a roadmap to develop sufficient diversion and reentry programs for those individuals in the jail who may be eligible.
- ***** February 12, 2019:** Board Motion, "[Mental Health Treatment Center](#)" (Hahn and Ridley-Thomas) plus [amendment](#) and [related motion](#). Changed name of CCTF to Mental Health Treatment Center or MHTC, and approved design-build contract for McCarthy Building Companies, Inc. to develop the facility.
- **April 17, 2019:** DHS Report, "[An estimate of persons in the jail mental health population likely to be appropriate for safe release into community services](#)". Presented initial results from a pending study by RAND suggesting that up to 56% of individuals with serious mental health needs in the jails may be eligible for diversion into community-based services.
- **August 7, 2019:** CEO Memo, and DHS, DMH, and DPH Memo, "[Development, Design, Right-Sizing, and Scoping of the Proposed Mental Health Treatment Center](#)". The Health Departments' memo provides three options to "right-size" the jail replacement by either eliminating the construction of new custody beds, constructing a mix of new treatment-based custody beds and community "care beds", and/or renovating existing facilities to accommodate individuals not potentially eligible for diversion. In its accompanying

memo, CEO notes that the options laid out by the Health Departments are out of scope with the existing McCarthy design-build contract for the MHTC, and would likely require canceling the contract and starting over to bid out a new contract.

- *****August 13, 2019:** Board Motion, [“Cancellation of Design-Build Contract with McCarthy Building Companies, Inc.”](#) (Solis and Kuehl). Board votes to cancel the McCarthy contract to build the Mental Health Treatment Center (MHTC), referencing the April 17, 2019 DHS report and August 7, 2019 DHS, DMH, and DPH report, including the cited statistic that “56% of individuals with serious mental health needs in the jails may be eligible for diversion into community-based services”. [Another motion on the same day](#) directed CEO to establish an Executive Work Group to synthesize various reports on beds, justice reform, and the closure of Men’s Central Jail, and also directed CEO to report back on the feasibility of demolishing MCJ. The [subsequent reports back from the Executive Work Group](#) noted the number and mix of community beds likely required in order to serve the divertible jail population with serious mental illness, including their estimated cost.
- **June 9, 2020:** Board Motion, [“Maintaining a Reduced Jail Population Post-COVID-19”](#) (Hahn and Ridley-Thomas). DHS and CEO lead.
- **July 7, 2020:** Board Motion, [“Developing a Plan for Closing Men’s Central Jail as Los Angeles County Reduces Its Reliance on Incarceration”](#) (Solis and Kuehl). DHS and CEO lead. Directed the workgroup created in the June 9, 2020 motion to report back with a plan to close Men’s Central Jail within 1 year.
- *****March 30, 2021:** DHS Report, [“Men’s Central Jail Closure Plan: Achieving a Care First Vision”](#). Final report from DHS, in coordination with LASD, with a plan to close Men’s Central Jail primarily through the development of community beds and alternatives to incarceration.
- *****June 22, 2021:** Board Motion, [“Jails Last: Creation of the Jail Closure Implementation Team”](#) (Solis and Kuehl). CEO lead. Created the Jail Closure Implementation Team (JCIT) within CEO and officially declared that “it is necessary to depopulate and demolish MCJ, and likewise find that it unnecessary to build any new County jail or custody facility”, primarily citing the March 30, 2021 Men’s Central Jail Closure Plan report.
- **October 6, 2021:** JFA Institute Report, [“Estimated Cost Savings from a Reduced Jail Population and Closure of Men’s Central Jail and Jail Population Projections”](#). Estimated that the jail population could only be reduced by about 800 individuals by building community beds for depopulation, and noted that other measures would also be required in order to depopulate the jails enough to close MCJ without replacement, including reforms to speed up criminal case processing, reforms to speed up releases to existing community programs (for both pretrial and sentenced clients), and reforms to speed up releases to State prison and State hospitals.
- **March 1, 2022:** Board Motion, [“Care First, Jails Last: Establishing a Justice, Care, and Opportunities Department to Promote Collaboration and Transparency in a Person-Centered Justice System”](#) (Kuehl). CEO lead.
- **June 28, 2022:** Board Motion, [“Jails Last: Addressing the Overcrowding Concerns at the Inmate Reception Center”](#) (Solis and Kuehl). This motion directed JCIT and ATI to collaborate with LASD and other departments on a plan to address the overcrowding at the Inmate Reception Center.
- **September 27, 2022:** Board Motion, [“Addressing the Mental Health Crisis in Los Angeles County: Developing Mental Health Care Facilities to Help Depopulate the Jail”](#) (Solis and Hahn). CEO ATI/JCIT (eventually JCOD), DHS, and DMH lead.
- *****November 1, 2022:** JCOD officially launches as a new department and officially assumes responsibility from CEO for ATI and JCIT work, as well as for the DHS-ODR Reentry Division work.
- **March 8, 2023:** JCOD and DHS/DMH Report, [“Addressing the Mental Health Crisis in Los Angeles County: Developing Mental Health Care Facilities to Help Depopulate the Jail”](#).

- **April 4, 2023:** Board Motion, “[Moving Forward: Expansion of Secure Mental Health Beds and Development of Secure Mental Health Facilities to Depopulate the Los Angeles County Jails](#)” (Solis and Hahn). DHS and DMH lead (with JCOD support).
- **November 16, 2023:** JCOD shares the results of new modeling / analysis that shows the level of effort required to close MCJ without building a replacement facility is significantly higher than previously reported key stakeholder departments. JCOD shared this analysis with DHS, DMH, DPH, PD/APD, DA, LASD, DOJ Compliance Office, and CEO.
- *****January 30, 2024:** JCOD presents a “[Report on the Status of the Closure of Men’s Central Jail](#)” to the Board of Supervisors at a public meeting. This report includes a summary of the modeling / analysis that was presented to stakeholder departments on November 16, 2023.

INTRODUCTION

Because the jail population in Los Angeles County (County) has dramatically changed since previous reports on jail closure, a plan that addresses all drivers of jail population -- including expanding community beds, addressing turnover rates for community beds, accelerating criminal case processing, and maintaining low booking rates -- is needed to close Men's Central Jail (MCJ). This report details how these drivers impact the jail population and the Jail Closure Implementation Team's (JCIT)¹ next steps toward addressing them, including collaboration needed from the Superior Court and other County partners.

Before the pandemic, the average jail population was 16,655.² As of February 20, 2024, the jail population was 12,450. To close MCJ safely,³ a prior consultant for the County⁴ determined that the population must stabilize at 7,169⁵ or below. This would require depopulating the jail by more than 5,281 individuals to sustain the population below 7,169 to account for seasonal arrest fluctuations.⁶

However, due to our lower jail population, further depopulation beyond what has already been achieved will take considerably more effort due to the higher concentration of individuals with serious/violent charges.⁷ Accordingly, depopulation efforts must include solutions tailored for individuals charged with more serious crimes.

By identifying *all* the drivers of the current jail population, progress can be made in safely depopulating the jails and advancing toward closure. This report presents a strategic plan, including target outcome goals and new estimates of the level of effort required, for jail depopulation and closure. It also details JCIT's proposed next steps to move toward a formal implementation plan, including collaboration needed from other County partners.

Achieving these outcomes will require additional data and feasibility analysis. JCIT will be collaborating with County partners to develop a more detailed implementation plan. We will present an initial version of this implementation plan in our next quarterly update, and we will continue to update it quarterly.

1 JCIT's responsibilities transitioned from the Chief Executive Office (CEO) to the Justice, Care and Opportunities Department (JCOD) when the department first launched on November 1, 2022. To date, JCOD has relied on a small team to carry out its JCIT work, while balancing other priorities as well as the overall effort to launch and stabilize the new department.

2 This was the daily average population from January – March 2020. See Los Angeles County Sheriff's Department (LASD) Custody Division Population Report, Q1, 2020, p.1. LASD noted that this was an increase from the same quarter the prior year.

3 Consistent with the MCJ Closure Workgroup Report (MCJ Closure Report) filed on March 30, 2021, closure of MCJ is defined as completely gutting the custody portions of the building but keeping MCJ support options and spaces open. (See MCJ Closure report, p. 50.)

4 The JFA Institute's work has been relied upon by the ACLU of Southern California, MacArthur Foundation Justice & Safety Initiative, Public Welfare Foundation, Harry Frank Guggenheim Foundation, and various state and county entities.

5 The September 2021 JFA Institute Report (JFA Report) opined that the jail population needs to be sustained at 7,169 before Men's Central Jail (MCJ) closure can occur. (See JFA Report pp. 3, 4.) This requires the population to reach a level below this number to account for the seasonal peaking of arrests.

6 Generally, there are more arrests in summer than in the winter. Seasonal peaking must be accounted for to sustain the jail population below 7,169.

7 When the jail population was over 16,000, many were in custody for less serious charges. As jail depopulation declined, most often, those with less serious charges were depopulated, which resulted in a higher concentration of individuals with more serious charges.

The Jail Population Has Declined Over the Last 10 Years

The graphic below highlights the variations in the average yearly jail population for the past 10 years:



As further discussed below,⁸ the Emergency Bail Schedule (EBS) and the initial couple of months of the Pre-Arrestment Release Protocols (PARP) have prevented the jail population from increasing to pre-pandemic levels by reducing the number of jail bookings.

In 2023, the population further declined due to collaborative efforts among LASD, DHS-Correctional Health Services (CHS), JCIT, DHS-Care Transitions (Care Transitions), and Chief Executive Office-DOJ Compliance (DOJ Compliance)⁹ in streamlining state prison and mental health hospital transfers. These efforts have led to a **significant, sustained reduction** of individuals awaiting transfer to state prisons and mental hospitals. In fact, the number of individuals pending transfer is consistent with pre-pandemic levels.

Although County stakeholders will continue to drive down the number of those pending transfer to the state prison or state mental hospitals, achieving a substantially lower number may be difficult due to how many individuals per month are committed to these facilities.¹⁰ Regardless, the County's progress in this area has contributed to sustaining the overall jail population at a lower number.

Overview Of the Current Jail Population

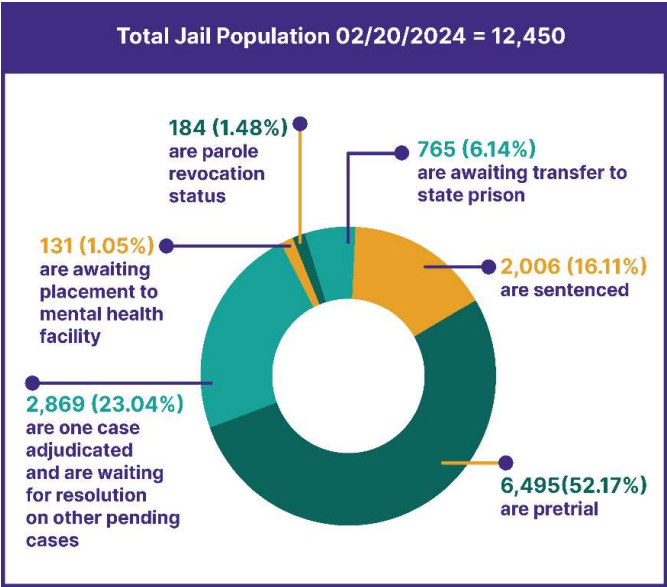
Understanding the current custody population is essential to comprehend the level of effort required to develop effective strategies for safe jail depopulation and closure.

⁸ See the section "Changes in the Bail Schedule Impact the Jail Population."

⁹ The listed County stakeholders collaborated with the California Department of State Hospitals and California Department of Corrections and Rehabilitation.

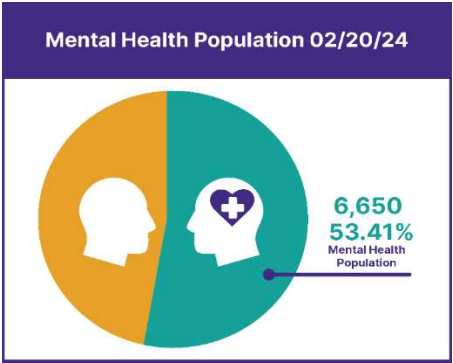
¹⁰ Because of the size of Los Angeles County, the number of individuals committed to state prisons and hospitals is more than other counties.

As of February 20, 2024, the total population of County jail facilities is 12,450, with the following breakdown as to case status:



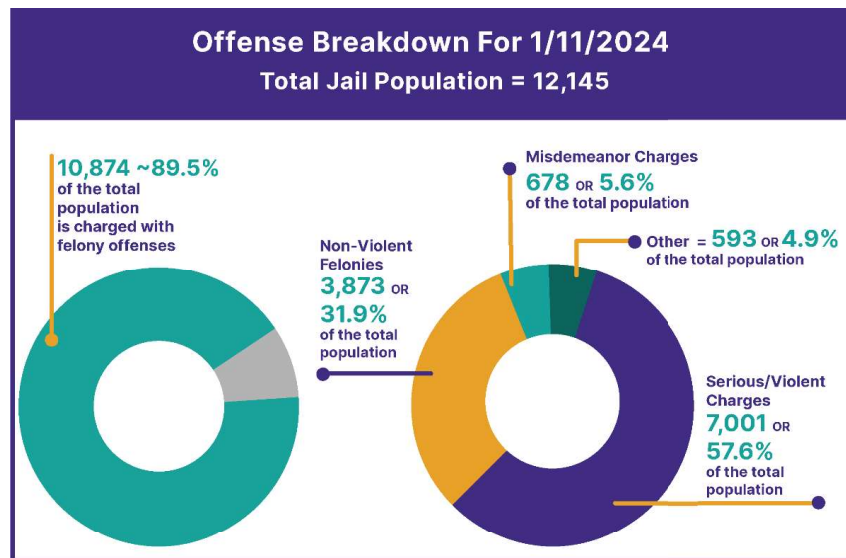
Since individuals in pretrial status constitute 52.17% of the jail population, continued depopulation must focus on this population.

Of the 12,450 individuals in custody, 6,650 (53.41%) constitute the mental health population (P1-P4s):¹¹

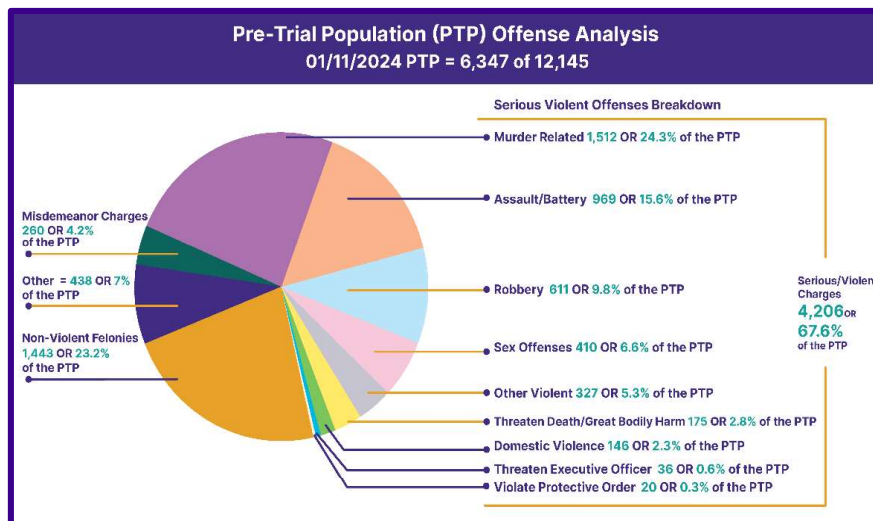


The charge breakdown of the entire population as of January 11, 2024,¹² is:

¹¹ The definitions of P-levels are as follows:
P1 – Emotional and behavioral impairment that does not prevent daily functioning or ability to follow directions; not at significant risk of self-harm;
P2 – Recurrent episodes of mood instability; psychotic symptoms maintained by medication and frequent reliance on crisis stabilization services;
P3 – Unstable due to significant mental illness; persistent danger of hurting self in a less acute care setting; or recurrent violence due to emotional instability;
P4 – Severe debilitating symptoms; meets Lanterman-Petris-Short (LPS) 5150 criteria for danger to self, others, or grave disability;
¹² These pie charts reference January 11, 2024, because that was the date of the snapshot data provided by LASD. Because of the due date of this report, pulling and analyzing February data was not feasible.



The pretrial population offense breakdown for January 11, 2024, is:



As these pie charts show, there is a high concentration of individuals charged with serious/violent offenses who constitute over 57% of the total jail population and 67% of the pre-trial population. Murder-related offenses (murder, attempted murder, manslaughter) account for 24.3% of the pre-trial population and 19.4% of the total jail population.

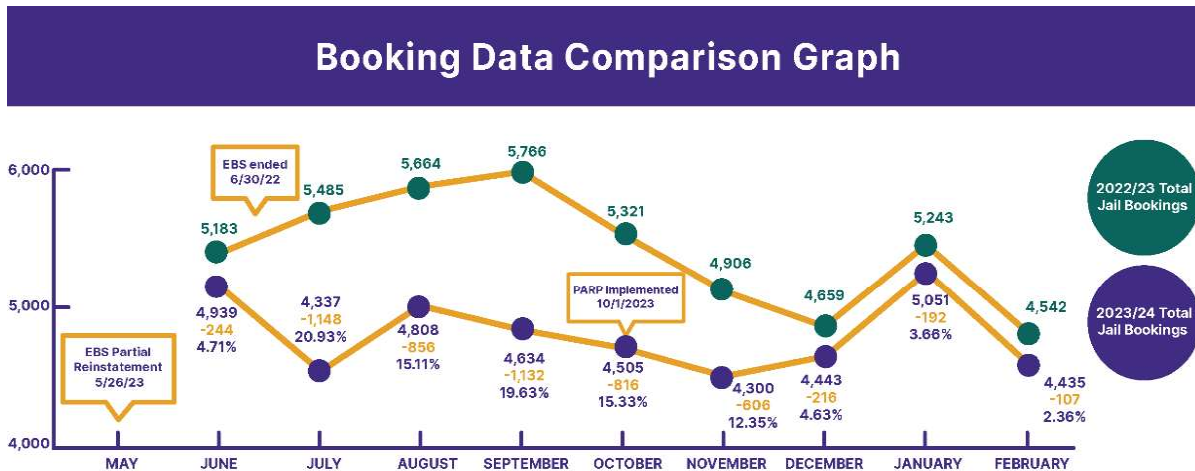
As we continue to reduce the jail population, it is more likely that the percentages for serious/violent charges will increase. This is not due to an increase in serious/violent crime but because further depopulation will most likely impact individuals with non-violent and misdemeanor charges more than those who have more serious/violent charges.¹³

¹³ JCIT recognizes that those charged with serious and violent offenses may resolve their cases for lesser charges, be found not guilty, or have their cases dismissed. The data used for the pie charts represents LASD snapshot data for January 11, 2024, and is not a statement as to whether pre-trial individuals charged with serious or violent charges will be convicted of those charges.

Safely releasing non-violent offenders, which has been underway for years due to the County's efforts to promote a “Care First, Jails Last” approach to criminal justice, naturally results in a remaining jail population that has a markedly high concentration of serious and violent offenses.

Changes in the Bail Schedule Impact the Jail Population

The graphic below compares LASD jail booking data¹⁴ from June 2022 to February 2023 with the same period for 2023-2024. It also designates the termination of the Emergency Bail Schedule (EBS), its temporary reinstatement, and the launch of the Los Angeles Superior Court’s Pre-Arrestment Release Protocols (PARP) on October 1, 2023.¹⁵



The bail schedule and the number of arrests impact jail bookings. Although differences in arrest rates could also account for some of the variations in booking rates, changes in the bail schedule directly impact booking rates.¹⁶

After EBS ended on June 30, 2022, bookings into the jail increased. With the partial reinstatement of EBS on May 26, 2023, bookings seemed to decrease. After PARP launched, there seemed to be a decline in jail bookings. However, despite improvements to the bail schedule, the jail population has been steadily increasing over the last few months.

¹⁴ Jail bookings are not only impacted by the bail schedule but also by the number of arrests. Although differences in arrest rates could also account for some of the differences in booking rates, changes in the bail schedule have also impacted the number of individuals booked into the jail each month.

¹⁵ As a result of PARP beginning in October, the reinstatement of EBS terminated on September 30, 2023. PARP ensures the decision to release most arrestees from jail prior to conviction is no longer determined by a person’s wealth, but instead by their risk to public or victim safety and their likelihood of returning to court. PARP was not created to assist in jail depopulation.

¹⁶ The initial reason Zero Bail was instituted was to reduce the jail population by reducing the number of jail bookings for individuals charged with non-violent crimes during the pandemic. See, <https://newsroom.courts.ca.gov/news/judicial-council-adopts-new-rules-lower-jail-population-suspend-evictions-and-foreclosures>



Although Instructive, Previous Reports on Jail Closure Are Incomplete

The MCJ Closure Plan (MCJ Workgroup Report) (March 2021)

The MCJ Workgroup Report was a collaboration between advocates and County departments that provided a detailed, thoughtful analysis of jail closure. Centered on a “Care First, Jails Last” approach and grounded in understanding the complexities of the jail system and the historical racial disparities, it continues to be a resource for JCIT work.

Since the MCJ Workgroup report, we have learned much more about jail population dynamics, including that there is not a one-to-one correlation between diverting individuals into community beds and reducing the jail population. The MCJ Workgroup Report utilized analysis of jail population snapshots to conclude that every person diverted into a community bed will equate to a sustained reduction in the jail population. This is a common misconception because it does not account for the thousands of individuals that flow through the jail each year, nor does it consider the utilization/turnover rate for community beds (individuals often enter and exit the jail more rapidly than the turnover of community beds). **JCIT’s modeling shows that an additional 6,000 beds will only sustainably reduce the jail population by 1,500, assuming the beds dedicated for depopulation have yearly turnover.**

Although beds are critical, we have learned that real progress in depopulating and maintaining a lower jail population requires a strategic plan that includes specific strategies for expediting criminal case processing, targeting utilization/turnover rates for beds dedicated to depopulation purposes and tracking recidivism rates for those receiving community treatment. Moreover, it must incorporate how many additional releases are needed annually to reduce the population to below 7,169.

In addition, due to unforeseen changes in the jail population, certain aspects of the MCJ Workgroup Report Facilities Plan (Facilities Plan) are no longer viable. For instance, the Facilities Plan also assumes that Twin Towers Correctional Facility (TTCF) would be available for population relocations; however, currently, TTCF is one of the only facilities in the County jail system that is appropriate to house individuals who have mental illness and require High

Observation Housing (HOH). There is a high demand for TTCF housing, and it is almost entirely utilized for males needing HOH care.

Moreover, the Facilities Plan recommended co-locating male and female¹⁷ individuals at Century Regional Detention Facility (CRDF). However, based on the structure of CRDF, it may not be possible to co-locate male and female populations. In addition, approximately 20% - 30% of women at CRDF¹⁸ require HOH care, which limits their relocation options.

Further, the number of males¹⁹ requiring Moderate Observation Housing (MOH) has grown. Although many MOH individuals in dormitory housing at MCJ were transferred to PDC-North, the facility lacks the capacity to house the entire male population requiring MOH dorm housing. The County's Department of Justice Compliance Office (DOJ Compliance Office) is working with the Los Angeles County Sheriff's Department (LASD), Correctional Health Services (CHS), Public Works, and JCIT on solutions to find additional space within current jail facilities to relocate approximately 300 individuals²⁰ who still reside in MCJ MOH dorms. This means less space in other facilities will be available for other specialized populations at MCJ, so a new population cascading plan must be developed.

As detailed more thoroughly in the "Assumption 1A Yearly Expansion of Community Beds Dedicated for Jail Depopulation Purposes" section, there have been challenges in expanding community beds.

Although certain parts of the report no longer apply to the current jail population, JCIT finds the Community Plan and Diversion Plan recommendations, as well as the detail provided by the Vera Institute Final Report valuable resources for its continued work.

The JFA Institute Report (JFA Report) (September 2021)

The JFA Report analyzed the impact of specific interventions, such as expediting criminal case processing and the effects of community beds on sustaining a lower jail population.

Although JCIT finds some of the report's analysis and conclusions helpful in driving the work of jail closure,²¹ JCIT does not agree with all aspects of the JFA report. JCIT conducts its independent analysis on the essential factors that must be addressed to continue depopulating the jail sufficiently to advance towards closure.

Because the JFA report provided statistical analysis, it does not discuss the community treatment and custody diversion options necessary to support further depopulation and closure. As a result, the report is incomplete, and JCIT relies on limited statistical analysis regarding interventions and their impact on reducing the jail population when formulating depopulation strategies.

17 LASD collects binary gender data, and the male and female populations may include those who self-identify differently.

18 Although the MCJ workgroup report did note that people at CRDF "have higher mental health needs than the overall population," it showed that 12.4% of the CRDF population were at P3 and P4 levels based on the 08/19/20 total population of 12,143 with 1,154 individuals at CRDF. (See MCJ Workgroup report, p. 95, Analysis of the CRDF Population.)

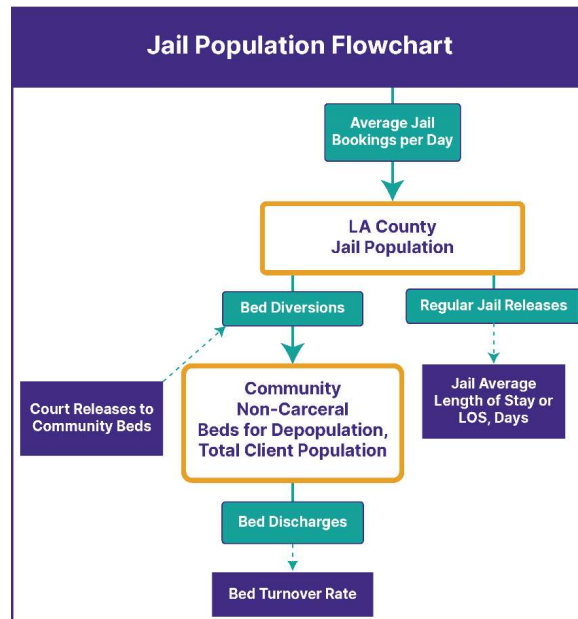
19 LASD collects binary gender data; the male and female populations may include those who self-identify differently.

20 There were approximately 294 MOH individuals in the MCJ dorms as of February 6, 2024. This number does fluctuate.













21 Some examples of analysis JCIT has found instructive: the impact of community beds on sustained depopulation; the importance of expediting releases and criminal case processing to reduce the length of stay and depopulate the jail more quickly; and the release reasons analysis. JCIT also reviews the Vera Institute website for its breakdown of the jail population. In addition, JCIT conducts its own research and data analysis.

Understanding Jail Population Dynamics

The jail population constantly fluctuates, with tens of thousands of bookings and releases occurring yearly with seasonal peaks and ebbs. As illustrated below, jail population is a product of inflow and duration, and is calculated by this equation: **Inflow * Duration = Average Total Population.**



Jail depopulation strategies focus on reducing inflows into custody and expediting outflows from custody. The following are examples of programs or strategies that would reduce inflow to the jail and increase outflow from it:

Actions to Reduce Inflow:	Actions To Increase Outflow:
 Emergency Bail Schedule (EBS) and Pre-Arrest Release Protocols (PARP)	 ODR Beds
 Alternative Crisis Response	 DMH Interim Housing
 Countywide Coordination of Prefiling Diversion Programs	 DPH-SAPC Programs
 Justice Connect Support Center	 JCOD Rapid Diversion Program
 County Programs that Reduce Recidivism	 JCOD STOP Program
	 Expedited Transfers to State Prison and State Hospitals
	 Faster Processing of Criminal Cases

By focusing on the total flow of individuals that cycle in and out of the jail system and pinpointing areas of focus for jail depopulation, JCIT ascertained the factors that must be addressed to depopulate and close MCJ.

JCIT's Strategic Plan Targets the Factors and Level of Effort Needed to Depopulate and Close MCJ Within Five Years

Because jail depopulation and closure require far more than expanding custody alternatives, JCIT built a simple jail population modeling tool to show the theoretical maximum impact of community beds on jail depopulation and the other factors that must be addressed to effectuate safe depopulation and closure. This modeling tool incorporates the elements JCIT determined were essential to achieve the goal of closure.

Based on this modeling, JCIT created a strategic plan with targets to achieve closure within five years. JCIT is collaborating with key partners to determine the feasible factors and will adjust the strategic plan accordingly.

The graphic below incorporates all the factors necessary for MCJ to close within five years. **However, all assumptions in the strategic plan must occur concurrently to achieve closure.**



If one or more assumptions change, the number of beds required or the years it would take to depopulate and close MCJ would change.

Assumption #1A: Yearly Expansion of Community Beds Dedicated for Jail Depopulation Purposes

When the work first began to explore how to depopulate and close MCJ safely and without building a new facility, a primary assumption was that expanding community beds/custody alternatives would be sufficient and result in quick depopulation and closure. To help depopulate the jail sufficiently to 7,169, the County must expand the number of beds dedicated to jail depopulation **by 1,200 beds annually for five years**. The rate of 1,200 beds per year is predicated on the following assumptions:

- The average turnover rate is once per year (Assumption #1B).
- Judges find it safe to release an additional 7,000 people per year to custody alternatives (Assumption #1C).

- The recidivism rate for those released to these new beds was reduced by 30% while they occupy the bed (Assumption #1D).²²

These assumptions are interrelated. For instance, if the bed turnover rate is once every two years, then the number of beds per year must increase, and/or the number of releases per year must be adjusted.

The 1,200 beds per year will have to be a mixture of mental health, addiction, and interim housing beds with services that address criminogenic needs. Due to the large number of individuals cycling through the jail system each year,²³ determining the appropriate mixture of beds needed for continued depopulation is challenging. **Moreover, the impact of these 6,000 beds may only net a sustained jail population reduction of 1,500.**

Community Treatment for Those with Mental Illness

To determine the number of community beds needed to help depopulate those with serious mental illness, it is essential to look at the yearly total of individuals who were released from custody, the percentage of those flagged as needing mental health treatment, and the release outcomes.

Of the 56,438 individuals released from custody,²⁴ 19,730 individuals, or 35%, were flagged as receiving mental health treatment²⁵ at the time of release.



The high volume of individuals released from custody makes it difficult to project the specific mix of mental health beds²⁶ necessary each year to meet the treatment needs of this population. Moreover, judicial officers must find that these custody alternatives are sufficient to ensure public safety.²⁷ **Eligibility for diversion is not the same as being found suitable by a judicial officer.**

Further, expanding community beds for mental health treatment involves some factors beyond the County's control. Despite the County's best efforts, staffing, housing, and other challenges have hampered its ability to quickly increase its community-based bed inventory for secured and

²² Even if this recidivism rate reduction is not achieved, our modeling shows that the impact on the number of additional beds needed annually would not be significant. JCIT incorporated recidivism into its strategic plan because recidivism is a measure that must be accounted for in depopulation strategies.

²³ In 2023, releases from County jail facilities totaled 56,483. Undoubtedly some of these releases involved the same individuals. We do not have the ability yet to determine how many of these releases involved the same people.

²⁴ For purposes of jail population modeling, releases include, individuals transferred to state prison, mental health hospitals, and other law enforcement agencies, as well as individuals released from custody.

²⁵ Individuals who take psychotropic medication, but who are not receiving MOH or HOH care are not included in this number.

²⁶ The Department of Mental Health (DMH) and the Department of Health Services (DHS) offer crisis receiving and stabilization, acute, subacute, crisis residential and extended residential, licensed residential care, interim and supportive care/housing options.

²⁷ The public safety analysis is often an individualized determination based on facts of the case and the individual's prior history.

unsecured beds due to greater competition for housing stock.²⁸

As detailed in prior reports by DHS and DMH, recruiting psychiatrists, licensed clinicians, and nurses to expand secured beds has been challenging.²⁹ These workforce challenges also extend to community-based partners that find it difficult to hire and retain staff to support intensive case management activities (e.g., clinical supervisors and care managers).³⁰ Further, finding providers for individuals who may engage in aggressive or violent behavior or who have significant medical issues has been difficult.³¹

Increased focus on those with the highest mental health treatment needs requires County stakeholders to ensure appropriate high-level services are in place in the community to care for individuals post-release. Those with serious mental illness may require prolonged periods of treatment before transitioning to lower levels of care, and some will require permanent housing and care options after their criminal case is resolved. All these factors must be considered when developing a realistic timeline for expanding beds dedicated to depopulation for those suffering from mental illness.

Expanding Community Treatment for Other Populations

Although those experiencing mental illness constitute a significant portion of the jail population, to ensure safe depopulation, the County must also dedicate beds for substance use disorder (SUD) treatment³² and for those who are not seriously mentally ill or who do not need SUD treatment but do need care management and other services.³³ In addition, it is necessary to project the continuing care services and housing needed after the case is complete.

In addition, beds for those medically vulnerable must be incorporated into any jail closure plan. Moreover, continued development of custody alternatives that would provide interim housing with services targeted to address criminogenic factors is needed. JCIT will work with County partners to conduct additional data analysis to project the percentage of the jail population who could qualify for custody alternatives that address SUD treatment or other non-SUD, non-mental health custody alternatives.

JCIT is in the process of launching the JCOD STOP program. This custody alternative provides an additional 400 interim housing beds with supportive services for those in the criminal legal system who are not seriously mentally ill, but who need interim housing with services tailored to address criminogenic needs.

Because the program has no criminal offense exclusions, once the program is fully launched in March, monitoring releases to the program will inform the number of additional beds like the JCOD STOP program that should be created to depopulate the jail further.

28 On April 4, 2023, the Board directed DHS and DMH to develop 500 secure mental health beds over the next five years to depopulate those with the highest mental health care needs. Since the April Board Motion, DHS and DMH have filed progress reports regarding the development of secured beds. The most recent report back was filed on [January 29, 2024](#). (The link will take you to all reports filed.)

29 DHS and DMH July 17, 2023, report back (linked in Fn. 28), p. 4.

30 DHS and DMH July 17, 2023, report back (linked in Fn. 28), p. 4.

31 See October 4, 2023, DHS and DMH Report back (linked in Fn. 28), pp. 3-4.

32 These beds would be unsecured beds for SUD treatment.

JCIT's Next Steps for Yearly Expansion of Community Beds

- JCIT will work with County partners, including DHS and DMH, to conduct additional data analysis and project the number and type of community mental health beds needed for continued depopulation.³⁴ This will also include the percentage of those released who may need supportive care services after the case is resolved to ensure individuals do not return to custody.³⁵
- In addition, JCIT, in collaboration with DPH-SAPC, DHS, will determine the data analysis needed to project the number of additional community beds for those suffering from addiction and/or other non-mental health as well as the percentage of those released who may need supportive care services after the case is resolved to ensure individuals do not return to custody.³⁶
- After these bed and supportive services projections are completed, each County department can provide JCIT with its anticipated budget for developing these additional beds and services including projected timelines for development.³⁷
- JCIT will include these projections in a future combined implementation plan reflecting the contributions of all County stakeholders.

Assumption #1B: Average Turnover Rate for Community Beds

The jail population modeling tool assumed that beds dedicated to jail depopulation would have an average turnover rate of once per year. If this turnover rate is not achieved, and individuals need additional time for treatment, then more beds will be required to achieve depopulation.

In addition, certain beds may have a higher turnover rate than others since they are designed for stabilization. Subacute beds may have much longer lengths of stay. Creating a system that tracks the various types of bed utilization rates to inform whether the yearly turnover average can be achieved is essential to determining the impact of community beds on jail depopulation. The turnover rate often depends on the availability of other supportive services, including permanent supportive housing and recovery housing. These additional supports must be considered when projecting the expansion of beds and monitoring the turnover rate.

JCIT's Next Steps for Turnover/Utilization Rate Analysis

- JCIT will work with County stakeholders to coordinate utilization management data for beds dedicated to depopulation purposes to inform the impact of community beds on jail depopulation and adjust the jail closure plan accordingly.

34 On April 4, 2023, the Board directed DHS and DMH to develop 500 secure mental health beds over the next five years to depopulate those with the highest mental health care needs. JCIT will work with DMH and DHS to incorporate these beds into jail depopulation plans.

35 Since the County relies on community-based organizations to expand contracted beds, any expansion will be contingent on the acquisition of facilities and/or added capacity by community-based organizations that contract with the County.

36 See previous footnote.

37 On February 13, 2024, DMH, DHS, JCOD, and DPH-SAPC [presented on the current inventory of beds](#) and the projected beds that each department hopes to have on-line this year.

Assumption 1C: Judges Find it Safe to Release an Additional 7,000 Individuals from Jail Each Year to Custody Alternatives

Although the County can increase the number of community beds, because judges are independent constitutional officers, it has no control over how many individuals are released for treatment. As the chart below indicates, release decisions are made by judges or law enforcement, not the County. For those who have mental illness and are either suitable for mental health diversion or are incompetent to stand trial, judicial determinations are the primary vehicle for release:

Pathway	Stage in Case	Who Determines Release
Own Recognizance Release/Release with Conditions ³⁸	Arraignment until sentencing	Judicial determination. However, the prosecutor's ³⁹ position on release would be important as well.
Misdemeanor Incompetent to Stand Trial (MIST) and Felony Incompetent to Stand Trial (FIST)	Pre-Trial	Judicial Determination. However, the prosecutor's position would be important as well.
Mental Health Diversion	Pre-Trial	Judicial Determination. However, the prosecutor's position would be important as well.
Condition of Probation	Sentencing	Judicial determination. However, the prosecutor's position on release would be important as well.
Split Sentence ⁴⁰	Sentencing	Judicial determination. However, the prosecutor's position on release would be important as well.
Involuntary transfer for psychiatric hold ⁴¹	Anytime	Sheriff Determination.
Voluntary transfer for mental health treatment outside the jail ⁴²	Anytime	Consent of the Sheriff and County Mental Health Director. However, instead of Sheriff consent, the court can also make a determination.
Electronic monitoring ⁴³	Sentenced	Sheriff Determination.
Electronic Monitoring ⁴⁴	Pre-trial	Sheriff Determination.
Voluntary Alternative to Custody ⁴⁵	Sentenced	Sheriff Determination.

One factor commonly affecting release is the severity of the crime. Although an individual may be eligible for diversion from custody, that does not guarantee that a judge will find the individual suitable for release to a custody alternative.

38 For prearrest releases those are either decided by the bail schedule, and for those who are charged with an offense requiring magistrate review, a judicial determination is required for release.

39 For this table, prosecutor refers to both the District Attorney and City Attorney.

40 A prison sentence served locally. It is a combination of jail time and supervision.

41 See Pen. Code, § 4011.6.

42 See Pen. Code, § 4011.8.

43 See Pen. Code, §1203.016. This requires approval by the Board of Supervisors (Board) for an electronic monitoring program.

44 See Pen. Code, §1203.018. This requires approval by the Board for an electronic monitoring program.

45 This allows the Sheriff to implement a voluntary alternative to custody program for certain offenses.

The County can expand its bed capacity but cannot control whether judges find these custody alternatives appropriate for each case. Expecting an additional 7,000 releases annually may be difficult due to the high percentage of individuals charged with serious/violent crimes.⁴⁶ This presents a challenge when determining the correct number and type of community beds needed for continued depopulation from the jail. Some judges may prefer certain types of beds for those with more significant charges.

Since judges act as independent constitutional officers, the County has no control over their release decisions. Although we can educate judicial officers about the quality care individuals receive in community-based treatment settings and the positive outcomes, that does not guarantee judges find these custody alternatives suitable in every case.

JCIT's Next Steps Regarding Additional Releases from Custody

- JCIT, in conjunction with other County stakeholders, will create reference materials for judges, prosecutors, defense attorneys, and Probation Officers regarding the various County services and custody alternatives available to those involved in the criminal legal system. Educating judges and other key stakeholders can raise awareness about the myriad of County programs and services available that can reduce the carceral footprint while promoting care in the community.

Assumption 1D: The Annual Recidivism for Those Released to Community Beds for Depopulation is Reduced by 30% While They Occupy the Bed

To help reduce bookings into the jail, we must track the recidivism rate of those who are released to beds dedicated to depopulation. By closely tracking the recidivism rate, we can see the impact of community custody alternatives and adjust the jail closure plan accordingly. In addition, tracking this rate could inform the extent and type of supportive services individuals need after the case is resolved to avoid recidivism.

There is precedent in the County for this type of analysis. In 2021, the CEO issued its Justice Metrics Framework Baseline Report, which estimated outcomes for individuals involved in the criminal legal system. Earlier this year, the Chief Information Office (CIO) issued its Los Angeles County Pretrial Data Center Report to inform pretrial efforts, identify factors contributing to positive and negative post-release outcomes, and understand the impact of bail reforms.

For now, we assume that individuals who are released from the jail to a community bed for depopulation are less likely to recidivate back to the jail during their stay.

JCIT Next Steps Relating to Reduction of Recidivism Rate

- JCIT will work with the CIO and County stakeholders to track and analyze recidivism data for those released to beds dedicated to jail depopulation. We anticipate building on systems currently in place but tailoring the focus on outcomes of community treatment.

⁴⁶ This is not meant to imply that violent offenses preclude mental health diversion or community release options, but that more serious charges can impact a judge's release decision. In fact, individuals with serious and violent charges have been successfully treated in community settings.

Assumption #2: Jail Releases Can Be Accelerated by 50% Through Improvements to Criminal Case Processing & Other Interventions

The average length of stay (LOS) in custody is a key driver of the jail population.⁴⁷ In 2021, the County's average LOS in custody was 65 days, over double the statewide average in California for the same period.⁴⁸ Jail population analysis for 2023 shows that the average LOS has now increased to 93.1 days, which, per the consultant, is considerably higher than the national rate of 35 days.

There is a direct correlation between the average LOS and the processing efficiency of criminal cases. The County has no authority over criminal system stakeholders such as the Superior Court, municipal law enforcement agencies, or city prosecutors. Although the County cannot control these entities, JCIT can work with County partners to develop criminal case processing strategies and encourage the other stakeholders to adopt them.

For instance, something as simple as shortening the length of time for continuances by a day or two can lessen the average length of stay in custody and reduce the jail population significantly. This would help lower population levels. **JCIT's modeling projects that expediting releases from custody by 50% can have a sustained net population reduction of 3,500.**

However, JCIT must ensure that any focus on streamlining criminal case processing does not compromise the ability of defense attorneys to prepare cases for trial or disposition. Zealous and effective defense litigation is typified by thorough investigative work, motion preparation, record review, and, when appropriate, appointment of experts. These actions often take time because the focus is on achieving the best result for the client.

Although JCIT is examining areas to expedite criminal case processing, one reason the County has a higher LOS is due to a significant concentration of individuals in custody for serious and violent felonies.⁴⁹ Additionally, the County has a robust array of diversion and custody alternatives that can benefit clients but may involve additional custody time so attorneys can properly prepare the case to achieve a better result. Many other counties do not have these same opportunities, and although cases may resolve more quickly in those counties, the outcomes may be less desirable.

To improve criminal case processing, JCIT coordinated a training for Public Defenders (PD), Alternate Public Defenders (APD), and the Independent Defense Counsel Office (IDCO) attorneys on the variety of County programs available for those involved in the criminal legal system.⁵⁰ JCIT invited speakers from ODR and DMH, and JCIT presented on current JCOD programs and services. The training was well received and allowed attorneys to learn about the non-carceral options from various County departments. Additional trainings will cover the services of other departments such as DPH-SAPC.

Pre-Trial Services Agency

In addition to streamlining criminal case processing, JCOD is creating a robust, client-centered

⁴⁷ The LOS is the time from booking into the jail to discharge from County jail facilities.

⁴⁸ See JFA Report (2021) pp. 3-4, and p. 24. In a previous JFA report, the County also had a significantly higher LOS of 40 days, compared to the state average of 17 days. (JFA Report (ACLU Funded, 2012) p. 3.)

⁴⁹ Serious/violent felony cases can take significantly longer to resolve than misdemeanors and non-violent felonies.

⁵⁰ The first training occurred on 2/12/24 and included 563 participants.

pretrial services agency that will also assist in expediting releases from custody and provide needed connections to resources and care. JCOD will launch pretrial service pilots later this year.

JCIT's Next Steps for Accelerating Jail Releases

- JCIT compiled a list of criminal case processing improvements and will conduct meetings with justice stakeholders to determine which ideas can be implemented and those that may need additional funding/staffing/support.
- In addition, based on recent data analysis and longstanding issues regarding the excessive length of stay for individuals in County jail facilities, JCIT, working in concert with the Center for Justice Innovation and a consultant, is hosting a “stress test” this April where County justice stakeholders will participate in review and analysis of files of individuals who were recently released from custody and who had excessive lengths of stay. The purpose is to determine the specific factors leading to prolonged case resolution.⁵¹ JCIT will analyze the stress test findings and share them with stakeholders to determine what is needed to implement the findings.
- JCIT will develop surveys for judges, prosecutors, and defense attorneys to obtain better insights into the causes of case delays.
- JCIT and other County stakeholders are exploring the viability of expanding arraignment hours.
- When the JCOD pre-trial pilots launch, JCIT will work with County partners to track releases and determine the depopulation impact.
- JCIT will assist in facilitating trainings for the PD/APD/IDCO offices on County programs and other services for individuals impacted in the criminal legal system.

Assumption #3: No other Major Increases in Jail Bookings

One of the assumptions in JCIT’s five-year jail closure strategic plan is that jail bookings would not increase. The booking rate can be impacted by a change in the bail schedule, a spike in crime rates, increased prosecutions, or new legislation imposing jail or prison penalties. Although the County cannot control these factors, JCIT can try to influence them to the extent possible.

The Superior Court created PARP and can modify it at any time, which could result in fewer individuals being released. JCOD, JCIT, and DOJ Compliance regularly meet with the Superior Court about PARP and closely monitor the impact of PARP on jail bookings.

When the Court launched PARP on October 1, 2023, JCOD launched its JusticeConnect.org website and call center to encourage judges to release individuals pre-arraignment. The call center is open seven days a week from 6:00 a.m. – 11:00 p.m. and can be reached at 1-833-LAC-JCOD. Those released from custody have contacted the call center for court reminders and assistance with transportation to/from court and appointments with probation and parole officers. It has also connected individuals to housing and other supportive services. This service is critical to help individuals remain out of custody while their cases are pending. Providing access to services upon arrest can reduce the chances of individuals being booked into custody for failures to appear and reduce bookings.

⁵¹ Prior to the formation of JCIT, the County had a “stress test,” but there was not a singular entity tasked with reconciling the findings with tangible improvements that could be implemented. JCIT will take the findings and work with stakeholders to determine viability of implementation.

On February 21, 2024, the Los Angeles Superior Court informed JCOD that it would like the following services available for pre-arraignment judges to impose as a release condition:

- Electronic Monitoring
- Substance Use Disorder Treatment
- Housing Assistance
- Anger Management Courses
- Transportation Support
- Mental Health Treatment
- Case Management & Monitoring⁵²

JCOD offers voluntary housing assistance, transportation support, and care management services. The care management services can connect individuals to County services for mental health, substance abuse treatment, and anger management.

However, pre-arraignment electronic monitoring would be a policy decision of the Board. JCOD is working with other County stakeholders and the Los Angeles Superior Court to examine the viability of additional services for pre-arraignment releases from custody.

JCIT Next Steps Regarding Jail Bookings

- JCIT will meet regularly with the Superior Court and closely track jail bookings;
- JCIT will ask the Superior Court to provide regularly additional detail regarding how PARP is functioning, including: (1) more detailed breakdowns of those detained after magistrate review or after a law enforcement request for upward deviation; (2) data regarding arraignment release rates for those detained pre-arraignment under PARP; and (3) data regarding the impact of PARP on various demographic groups;
- JCIT is working with the Chief Executive Office-Legislative Affairs and Intergovernmental Division (CEO-LAIR) to review pending State and federal legislation related to the criminal legal system and provide feedback on the potential impact of these measures on jail depopulation efforts; and
- If bookings into the jail substantially increase, JCIT will modify its five-year plan accordingly.

Assumption #4: Relocating All Specialized Populations within MCJ to Existing County Facilities

Overview of MCJ and its Role in Population Management

Community beds are crucial to overall depopulation and closure; however, to close MCJ without a replacement facility, the special populations housed at MCJ must be relocated. Unlike the other County jail facilities, MCJ supports the County's entire jail system, and its housing units similarly serve a role in systemwide population management. MCJ consists of approximately 1,000 single-man cells to segregate specific special handle classifications.

Within MCJ are single and double cells used for jail security/restrictive housing/protective

⁵² Monitoring would include progress reports to the Superior Court on whether the individual is engaged with court ordered services.

custody/discipline, along with housing for: (1) individuals in the Medical Observation Specialty Housing (MOSH); (2) those who are experiencing mental illness and need Moderate Observation Housing (MOH); (3) various groups with administrative segregations for safety; (4) individuals in the general population; (5) those participating in Education Based Incarceration (EBI); (6) individuals selected to be trustees within the jail; and (7) individuals who chose not to have counsel and represent themselves in trial.

Finding locations within existing facilities to relocate the special populations in MCJ is necessary for closure. This requires finding appropriate alternative housing locations and ensuring sufficient space for the specialized populations' unique needs (e.g., access to outdoor space for those in restrictive housing, a law library for those representing themselves, etc.).

Moreover, to meet its obligations under the United States Department of Justice (USDOJ) settlement agreement in *United States v. County of Los Angeles*, the County must provide appropriate HOH and MOH housing, including those residing in MOH dorms at MCJ.⁵³

A Strategic Plan for Population Cascading Must Be Created to Accomplish Closure

Developing a plan for cascading specialized populations at MCJ to other County jail facilities will require significant planning and the expertise of many County stakeholders. A strategic plan that analyzes which populations can be moved to other facilities must also include the approximate construction costs and timeline. Adhering to emerging best practices regarding the Prison Rape Elimination Act-compliant housing requirements will necessitate the establishment of additional specialized housing locations, which must be factored into any strategic plan.

Further, staffing impacts for LASD and CHS due to population transfers must be incorporated into the cascading plan. Because of MCJ's proximity to a County hospital and several courthouses, shifting high-needs populations to other locations will affect medical treatment, court processes, LASD and CHS staffing, and LASD transportation fleets.

Any population cascading plan must factor in transports from other jail facilities to courthouses and service providers. Moreover, additional urgent care facilities within other jail facilities must be created to mitigate frequent transports to the Los Angeles basin. These transports are time-consuming and are a significant drain on LASD resources.

Although we anticipate additional depopulation, population cascading could affect the County's ability to keep each facility's population below the maximum capacity of the Board of State and Community Corrections (BSCC).⁵⁴ In addition, even though the overall jail depopulation rate may continue to decline, that does not mean the specialty populations will decrease at the same rate.⁵⁵ Although the number of single cells needed for population management purposes may decrease as the population drives lower, space within current existing facilities will still need to accommodate a large number of single and double cells necessary for population management purposes.

53 In a recent report, the Monitor for the US DOJ settlement agreement advised that the County would struggle to demonstrate compliance with the DOJ Settlement Agreement so long as inmates with serious mental illness remain housed in MOH units at MCJ. As of February 6, 2024, approximately 300 MOH inmates were still housed in MCJ dorms.

54 The County has previously taken the position that BSCC-rated capacity is not the only metric of jail capacity and that functional or design capacity should also be considered.

55 According to LASD housing population statistics, between October 2022 and November 2023, the overall jail population was reduced by about 18.7%; however, the MOH population was only reduced by 11.3% and the HOH population by 12.2%.

It is also imperative that any plan prioritize compliance with *Rutherford* litigation requirements and the USDOJ Settlement Agreement, including providing sufficient and appropriate MOH and HOH housing. Because of these issues, the DOJ Compliance Office, in collaboration with the Department of Public Works, LASD, Correctional Health Services, and JCIT, has initiated feasibility studies regarding PDC-East and CRDF for housing MOH men. These feasibility studies will also analyze whether CRDF can be modified to accommodate the co-location of men and women. The feasibility studies are currently expected to take 4-6 months.

Undoubtedly, population cascading will incur construction costs and involve multiple facilities. Because existing jail facilities were built between 1954 and 1997, remodeling them may result in construction delays due to their older age and the extent of needed renovations. Construction to accommodate cascading populations must also be strategically sequenced to develop the most efficient timeline.

However, PDC-East must be fully renovated to close MCJ without building a new facility.⁵⁶ County stakeholders estimate it would take multiple years to renovate PDC East completely and have the proper LASD and CHS staffing to operate the facility.

JCIT Next Steps Regarding Relocation of Special Populations

- Continue to work with the DOJ Compliance Office and other stakeholders regarding the feasibility studies.
- Depending on the outcome of the feasibility studies, determine what spaces exist in current facilities for the other specialty populations at MCJ and develop a population cascading plan in collaboration with LASD and other stakeholders.
- Collaborate with LASD on projecting the number of single cells needed as the jail continues to depopulate.

Assumption #5: Finding Custody Space Adjacent to the Inmate Reception Center (IRC) to Comply with *Rutherford* Requirements

To comply with the requirement in the *Rutherford* litigation to move individuals out of the IRC to permanent housing or intake housing within 24 hours, the County must locate custody space (including MOH) close to the IRC so LASD can efficiently move individuals out of IRC into permanent housing when MCJ closes.

Because almost all TTCF is currently used for HOH housing, for which there is persistent high demand, using that facility is likely not an option to move individuals requiring general population housing or MOH.

JCIT will consult with LASD and other stakeholders to develop options for ensuring sufficient custody housing space near the IRC so individuals are moved quickly out of the IRC.

JCIT's Next Steps Regarding Custody Space Adjacent to IRC

- Collaborate with stakeholders about areas available for custody space near IRC to ensure compliance with *Rutherford* requirements.

⁵⁶ Depending on the capacity of the PDC East after renovation, the target population would change from 7,169, to approximately 8,049. (JFA Report, 2021 p. 4, fn 2.)

Advancing Towards Closure

In addition to the work outlined above, JCIT will facilitate monthly meetings with all stakeholders and will create the following sub-committees that will meet regularly to address these three critical components of jail closure:



**Criminal Case
Processing**



**Community
Beds & Supportive
Services**



Jail Facility Remodeling

This structure will enable JCIT to accomplish the following steps outlined previously for the assumptions in the strategic plan.

Data Analysis is Crucial to Further Depopulation and Closure

Ongoing data analysis is essential for the County to develop specific strategies and continually update the five-year plan as needed. JCOD has recently hired data scientists who are working on establishing the infrastructure to support JCIT's data analysis so **JCIT can conduct its own in-house data analysis instead of relying on consultants**. This will expedite JCIT's data analysis since we will not be dependent on the availability of a consultant. In addition, JCIT, in coordination with County partners, will be able to conduct more specified analyses as needed to inform the strategic plan continually. JCOD executed an agreement with LASD to obtain jail data for JCIT. As a result of this agreement, JCIT receives jail population data quarterly.⁵⁷

JCIT will work with County partners, in particular the Health Departments, to project the needed type and number of community beds dedicated to jail depopulation. However, one of the impediments to obtaining LASD's jail data is that LASD does not have a jail management system (JMS).

Retrieving data from the old legacy systems is time-consuming and has limitations. JCIT understands that LASD is currently requesting a JMS. If approved by the Board, **the earliest it would be operational would be approximately 24-30 months (from approval) due to upgrading the technology infrastructure needed to support a new JMS, ensuring the system is configured correctly, and providing staff the necessary training.**

A JMS would provide historical data on an individual's charge and stay in custody. Currently, if an individual is being held for an offense and the criminal charges change, the LASD computer systems do not retain the case history. Their systems are at a point in time, meaning the charge will be changed, but the history of the original offense will be lost.⁵⁸

⁵⁷ Prior jail data was still tainted by Covid-19. For instance, determining the length of stay in custody was skewed because of delays in transferring individuals to state prison due to CDCR imposing Covid-19 testing requirements up until April 2023.

⁵⁸ Currently changes to charges are updated by LASD staff when they receive the court paperwork relating to the change. All historical changes in charges would have to be manually researched, which is not viable due to the labor and time involved.

Because of this, it is difficult to determine how many individuals in custody alleged to have committed serious or violent offenses have had their charges reduced while their case was pending. A new JMS would reflect all charges and retain historical information including charge changes.

Due to the LASD computer system limitations, individuals who frequently cycle in and out of jail cannot be quickly determined. This prevents identifying of these individuals in real-time, and the benefit of implementing a multidisciplinary approach to prevent future jail bookings is lost.

Quickly identifying those who repeatedly cycle into the jail may enable us to drive the jail population lower. Previously, a consultant found that between January 1, 2019, and March 31, 2020, 4,883 individuals had been released three or more times. Because their overall LOS is relatively short, these individuals do not occupy a substantial proportion of the jail population, but they have a significant cumulative effect during the period. **These people account for 17,306 releases, each averaging a LOS of 41 days for a total of 707,815 jail days for 15 months.** The average jail population for this group during the period was 1,551. Although this data is older, it points to a recurring problem that should be addressed to help reduce the jail population.

Although JCIT is developing a process to identify the individuals who cycle in and out of custody, our data analysis is after the fact rather than in real-time. In addition, LASD computer systems cannot be easily adapted to employ new release codes that more accurately track release reasons and outcomes. This information is necessary to project bed development and supportive services needs. Analyzing release outcomes is critical to JCIT's work, but the limitations of the current LASD system make analyzing this data cumbersome, or impossible in some cases. This impacts our ability to analyze data or make certain types of projections quickly.

JCIT Next Steps for Data Analysis

- JCOD's data team will continue to work on scaling up its operation so it can perform jail population analysis in-house as soon as practicable.
- Until LASD has an operational jail management system, JCIT will attempt to create a method to track high utilizers of the jail system and establish a protocol for alerting stakeholders so interventions can be developed.
- If/when a jail population management system is approved, JCIT will collaborate with LASD on new potential release codes and data needs so the new system is capturing essential data.
- JCIT will work with County partners to include jail data reports regarding jail population trends in its quarterly updates to the Board.

Development of Legislative Proposals to Assist in Depopulation

JCIT is exploring potential legislative proposals regarding funding, prioritizing community treatment, and potential custody alternatives for certain offenses. These legislative proposals would assist in furthering jail depopulation and closure.

JCIT Next Steps for Legislative Proposals

- JCIT will collaborate with County stakeholders, to draft potential legislative proposals, and submit them for review by CEO-LAIR and Board Offices for consideration for 2025 County-sponsorship or support.

CONCLUSION AND NEXT STEPS

Although County stakeholders should be proud of the collective work that has prevented the jail population from returning to pre-pandemic levels, much more is needed to drive down the jail population so MCJ can safely close.

As the strategic plan in this report details, community beds alone cannot depopulate the jail sufficiently to effectuate closure. However, JCIT will lead County stakeholders to create a formal implementation plan that addresses all the strategic plan factors and present an initial version in our next quarterly update.

Although JCOD has only been responsible for the JCIT work since the department's launch on November 1, 2022, we have had to balance this work alongside numerous other priorities while launching and stabilizing a new County department, with a very small staff.

After transitioning into JCOD, JCIT's first prerogative was collaborating with DHS and DMH for drafting the report back to the [September 27, 2022](#), motion to explore the development of additional secured mental health treatment beds to support jail depopulation.

Since that report was filed on [March 8, 2023](#), we reviewed all of the reports and analyses surrounding the closure of MCJ that had been done to date, a timeline going back several years⁵⁹ (see the appendix for this report). Our review resulted in more questions than answers. In our estimation, the math regarding beds and depopulation impact did not add up, and additional factors essential to jail depopulation and closure were not included in the analysis.

Further, the envisioned depopulation required to fulfill the Board's directive to close MCJ without a replacement facility requires constitutionally independent judicial officers finding it safe to release annually several thousand additional individuals from the jail to community settings. Because many of these individuals have been charged with serious/violent crimes, judicial officers may find that despite individuals' clinical needs, public safety requires continued incarceration instead of community treatment.

Because criminal court judges are responsible for ensuring public safety, not depopulating the jail or closing MCJ, there is an unresolvable amount of uncertainty inherent in any jail closure implementation plan dependent on releases to community beds. This must be considered when projecting the number of beds needed for further depopulation and closure.

Recognizing that more data analysis is crucial to advance toward closure, JCOD executed an MOU with LASD for quarterly jail population and release data.⁶⁰ JCIT developed an in-house jail closure model, which could provide a more directionally accurate estimate of the projected

⁵⁹ See Timeline and History of Closure of Men's Central Jail, p. iii.

⁶⁰ This MOU was executed in November 2023.

impact of measures (like developing community beds for diversion) on the jail population.

As outlined in this report, our work showed that the collective effort required to close MCJ without building a replacement facility was much greater than previously reported.

We hope this new analysis provides a more sober but realistic understanding of the target outcomes needed to achieve the Board's directive to close MCJ without a replacement facility. JCIT will "reset" the jail closure conversation, establish a new working group with key stakeholders, and develop a global implementation plan.

JCIT has identified a small team of internal analysts and project management staff who will lead stakeholder departments to help them in the analysis and planning of the component(s) of their portion of the global implementation plan.

In summary, in addition to the next steps already outlined in this report, we envision jail closure work to include the following:

1. JCIT's primary role will be to lead project/portfolio management for the jail closure effort. This includes working with all stakeholder departments to develop a global implementation plan that provides for individual plan components, timelines, and departmental owners. JCIT will periodically gather status updates on the individual components of the plan from departmental owners and pull these updates into summary reports for the Board and other audiences; it will also assist in modifying the implementation plan over time as needed.
2. JCOD will leverage our new four-person data team, in coordination with data experts and analysts from stakeholders, to continue to conduct analyses that inform and refine the implementation plan.
3. As previously noted, JCIT will continue to schedule monthly meetings with the full Jail Closure Steering Committee and, as needed, smaller groups to focus on the specific topics discussed in this report to develop an implementation plan.
4. JCIT will include an initial version of this implementation plan as part of our next quarterly update to the Board on jail closure, and we will continue to update it as needed in subsequent reports.

We are grateful to our County partners for their partnership and support in this effort to date and look forward to continuing to work with them on a robust implementation plan.



COUNTY OF LOS ANGELES


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DIRECTOR

Judge Songhai Armstead, *ret.*

June 3, 2024

To: Supervisor Lindsey P. Horvath, Chair
Supervisor Hilda L. Solis
Supervisor Holly J. Mitchell
Supervisor Janice Hahn
Supervisor Kathryn Barger

From: Judge Songhai Armstead, Director 
Justice, Care and Opportunities Department

JAIL CLOSURE IMPLEMENTATION TEAM - SIXTH QUARTERLY REPORT (ITEM NO. 27, AGENDA OF JUNE 22, 2021)

On June 22, 2021, the Board of Supervisors (Board) approved a motion to create the Jail Closure Implementation Team (JCIT) to depopulate and close the Men's Central Jail (MCJ) and provide quarterly reports. On November 1, 2022, the Justice, Care and Opportunities Department (JCOD) assumed responsibility for JCIT work. JCIT is submitting this sixth quarterly report to provide updates on the status of the directives from your June 22, 2021, motion.

This report includes updates since our report back on March 8, 2024, on the following:

- JCIT Convening of Department Heads and stakeholders as well as the Stress Test; and
- JCIT's Project Portfolio updates

Convening Department Heads and Stakeholders

On February 29, 2024, JCOD convened Department Heads and designees from the Department of Mental Health, Department of Health Services, Public Defender, Alternate Public Defender, Department of Public Health, Sheriff, Superior Court, Chief Executive Office (CEO) – DOJ Compliance, Probation, and the District Attorney. The purpose of this convening was to update stakeholders on the progress towards jail closure and identify designees to participate in regular JCIT Steering Committee meetings.



Each Supervisor
June 3, 2024

JCIT has held three (3) JCIT Steering Committee meetings since the March 8, 2024, report. These meetings have focused on developing Phase 1 of the implementation plan to close MCJ without a replacement. JCIT has developed a project portfolio (Attachment I) that includes projects and programs that are focused on depopulating the jails. JCIT staff will continue to meet with the County departments and key stakeholders at a regular cadence and will work to establish subgroups soon that will monitor and push forward work identified in the project portfolio.

Stress Test

JCIT hosted a Stress Test on Monday, April 29, 2024, to help pinpoint areas where criminal case processing can be improved. The intent was to find solutions that reduce the length of stay in custody by eliminating unnecessary delays. The Stress Test involved considering ways to streamline case processing without compromising the constitutional protections of individuals in the criminal legal system.

The Stress Test was funded by the MacArthur Safety and Justice Challenge (MSJC) and involved a roundtable of County justice stakeholders and included cases selected by MSJC consultant, JFA Institute. These cases had the longest lengths of stay for their respective categories (State prison, transfers, expiration of sentence, etc.). County stakeholders from JCOD, Los Angeles County Superior Court, District Attorney, Public Defenders, Alternative Public Defender, Department of Mental Health, Department of Health Services, Sheriff, and Chief Executive Office – Department of Justice (DOJ) Compliance, reviewed dockets of the cases in preparation for this meeting hosted by JCOD. Discussion of each case was facilitated by MSJC consultants JFA Institute and the Center for Justice Innovation.

The Stress Test did identify multiple areas in which criminal case processing can be improved. JCIT staff will work with the appropriate County stakeholders to see what progress can be made on these topics and is also planning follow-up meetings to further the discussion. Specific areas to be reviewed include:

- Identifying process improvements due to new Superior Court Odyssey technology
- Establishing jail population review teams to review specific portions of the population to assess needs and provide linkage to services
- Review of technical violations
- Review causes for multiple continuances on cases with exceptionally long lengths of stays
- Lack of qualified experts to provide critical information to justice partners in court

JFA Institute will issue a report in the coming weeks that will highlight the areas discussed during the Stress Test and provide recommendations for next steps.

Sequential Intercept Model Mapping Event

On March 19-20, 2024, JCOD hosted the Sequential Intercept Model Mapping event. The event was supported by the John D. and Catherine T. MacArthur Foundation as part of the Safety and Justice Challenge, facilitated by Policy Research, Inc., (PRI) and held in collaboration with the Center for Justice Innovation and the Public Defender's Office. Over two days, partners and stakeholders from across Los Angeles County came together to identify resources, gaps, opportunities, and alignment in serving individuals who are involved in the criminal justice system and who have mental health and substance use disorders.

More than 80 individuals attended the event over two days. Participants mapped opportunities, resources, and challenges for each intercept. At the end of the second day, participants identified priorities for action and collaborated on next steps following the event. Some priorities identified included expediting criminal case processing, increasing the efficiency of mental health diversion process, and incorporating community health workers and peer support specialists to scale up navigation and care management.

PRI is working on a report summarizing the discussion and action plans from the mapping, which will be reviewed by relevant stakeholders from the Los Angeles County. JCOD, the Center for Justice Innovation, the Public Defender's Office, and PRI will collaborate on priorities and implementation of action steps following the completion of the report.

JCIT Project Portfolio

[JCIT's Fifth Quarterly Report](#), submitted March 8, 2024, included a strategic plan that targets the factors and level of effort needed to depopulate and close MCJ within five years. It also detailed JCIT's next steps in forwarding the work of jail depopulation and closure. As noted in the report, to close MCJ within five years, all the following must occur:

- The County builds 1,200 community beds dedicated for jail depopulation purposes per year, every year, for five years (6,000 beds total);
- The average utilization/turnover rate of the community beds dedicated for depopulation is once per year;
- Judges find it safe to release an additional 7,000 people per year to community treatment, other diversion, or by any other means;
- Individuals placed in community beds dedicated to depopulation reduce their annual recidivism rate by 30% while in these beds;
- Jail releases can be accelerated by 50% through various other interventions (expediting criminal case processing and quicker pretrial release);
- No other major increases in bookings into the jail due to changes in the crime rate, nor any legislative changes that create lengthier punishments for crimes or new mandatory jail sentences;
- Relocating all specialized populations within MCJ to other current jail facilities; and
- Finding custody space near the Inmate Reception Center to comply with *Rutherford* 24-hour requirements.

Each Supervisor
June 3, 2024

The JCIT Project Portfolio highlights the priorities and level of effort needed to continue to depopulate the jails and represents Phase 1 of the implementation plan to close MCJ. The Project Portfolio aims to streamline essential projects identified by the JCIT and the Jail Closure Steering Committee to facilitate jail depopulation. The Phase 1 implementation plan focuses on organizing these projects and providing timelines where necessary.

Projects, programs, and services with a nexus to jail depopulation are being prioritized, and timelines have been established to ensure efficient progress.

Attached is a summary of the current JCIT project portfolio (Attachment I), organized according to four primary JCIT focus areas: (1) Expediting Traditional Outflow from Jail, (2) Jail Facilities, (3) Reducing Inflow into Jail, and (4) Creating New Outflow Opportunities from Jail. Status updates on the individual components will be provided from departmental owners periodically, from which JCIT will create summary reports for the Board.

Phase 2 of the jail closure implementation plan will focus on evaluating the depopulation impact of the implemented projects. This phase will involve assessing how each project contributes to reducing the jail population, thereby gauging their effectiveness in achieving the overarching objectives of the “care first” vision.

Moving forward, JCIT will continue working to initiate Phase 2 of the jail closure implementation plan and collaborate closely with relevant departments to evaluate the specific depopulation impact of their respective plan components. By conducting thorough assessments, we aim to identify areas of improvement and optimize the effectiveness of the Project Portfolio.

Next Steps

In the next quarter, JCIT will:

- Work to finalize the transfer of JCIT from JCOD to CEO.
- Continue to work with the Board offices, County departments, Board-established initiatives, and stakeholders to move forward with the activities outlined above and on the attached report.

Finally, per the April 9, 2024, Board motion, all future Board reports will be filed by JCIT within the CEO. Attachment II is a timeline of the work that JCIT accomplished as a part of JCOD.

When JCOD launched on November 1, 2022, the former Alternatives to Incarceration (ATI) and JCIT offices from the CEO were included. Shortly after, the Office of Diversion and Reentry (ODR)-Reentry Division also transitioned to JCOD. The funding associated with the CEO ATI and JCIT positions was pooled and used to purchase both new administrative and new programmatic positions to launch JCOD. JCOD created enough programmatic items within the Department to continue carrying out the ATI and JCIT work, commensurate with the level at which it was being carried out at CEO, with the support of the new administrative structure that was also created to operate a successful new Department.

Each Supervisor
June 3, 2024

Staff within JCOD have carried on the JCIT work after it transitioned from CEO and they continued to: produce reports back to the Board describing this work; coordinate with other key stakeholder departments on program development with a nexus to jail closure; and drive forward the Board's directive to close Men's Central Jail without developing a replacement facility.

Should you have any questions concerning this matter, please contact me at (213) 974-1664 or jsa@jcod.lacounty.gov.

SA:AB:JJ:CN:lae

Attachments

c: Executive Office, Board of Supervisors
 Chief Executive Office, DOJ Compliance Office
 County Counsel
 District Attorney
 Sheriff
 Alternate Public Defender
 Health Services
 Internal Services
 Mental Health
 Probation
 Public Defender
 Public Health
 Public Works

LOS ANGELES COUNTY JAIL CLOSURE IMPLEMENTATION TEAM (JCIT) STRATEGIC PROJECT PORTFOLIO

Focus Area (1): Expediting Traditional Outflow from Jail

Identifying bottlenecks and inefficiencies within the current processes of releasing individuals from jail.

Project	Status
<p>(1A): Increasing the Capacity of Buses/Transportation.</p> <p>The Los Angeles County Sheriff's Department (LASD) to receive transportation vehicles. These additional vehicles will alleviate some of the significant logistical challenges the Department currently experiences.</p> <p>Lead: LASD</p> <p>Target Date: 1st quarter of 2025</p>	<p>Active. In September 2023, the Los Angeles County Board of Supervisors (Board) approved the purchase of 20 new Motor Coach Industries, Inc., (MCI) buses. The builds for the newly designed and purposed-built MCI buses have an estimated build start date of August 2024; the delivery timeframe to the Department for the first bus is late December 2024, followed by one bus every two weeks until MCI completes the order. Upon the Department receiving the buses, the Department's Communications and Fleet Management Bureau (CFMB), responsible for vehicle purchases and maintenance, estimates a four to six-week turnaround to outfit each bus (radio and mobile digital computer installs) before delivery for use.</p> <p>Additionally, the Department has approved the purchase of 32 vans, including seven ADA-safety/wheelchair vans, and recently received a notice identifying 15 vans with a build date in May 2024 and is awaiting a response for the remaining vans (dependent on the allocation from the manufacturer). The estimated delivery time from the build start date is approximately six months.</p>
<p>(1B): Legislative Advocacy.</p> <p>Advocating for State and federal action in support of LA County JCIT efforts.</p> <p>Lead: JCOD/CEO-LAIR</p> <p>Target Date: Ongoing</p>	<p>Active. JCIT is working with JCOD Executive Team and Chief Executive Office (CEO)-Legislative Affairs & Intergovernmental Relations (LAIR) to evaluate possible ideas for legislative advocacy. There is no current proposal or bill that JCIT is advocating for at this time.</p>

Project	Status
<p>(1C) JCOD Rapid Diversion Program (RDP) Expansions.</p> <p>The RDP creates a streamlined pathway from the criminal justice system into mental health, substance use, and housing services. As of March 2024, RDP currently exists in 7 courts and has diverted over 2,400 cases and dismissed over 700 cases. 93% of clients who graduated from the RDP have not had a new Los Angeles County case filed. The program is increasing access to treatment and care while reducing future justice-system involvement for our clients. The expansion would make RDP available in the remaining 9 superior courts to improve equitable health and justice outcomes Countywide.</p> <p>Lead: JCOD</p> <p>Target Date: TBD</p>	<p>Planning. JCOD is in the project planning phase of this project (e.g., understanding funding options, building internal departmental infrastructure to scale program, understanding contracting processes, and working with partners to determine timelines).</p>
<p>(1D): Video Arrangements/Hearings.</p> <p>The use of video conferencing for arraignments and other hearings can address pressing logistical issues and speed up case proceedings.</p> <p>Lead: TBD</p> <p>Target Date: TBD</p>	<p>Discovery. Currently being explored and evaluated; has not progressed to a more defined stage. Discussions with key stakeholders are ongoing.</p>

Project	Status
<p>(1E): 7-Day Arraignments.</p> <p>Arraignments would be available on weekends. The expansion of arraignments to 7 days a week provides an opportunity to reduce overall length of stay in custody.</p> <p>Lead: TBD</p> <p>Target Date: TBD</p>	<p>Discovery. Currently being explored and evaluated; has not progressed to a more defined stage. Discussions with key stakeholders are still ongoing.</p>
<p>(1F): Criminal Case Processing Reforms.</p> <p>Lead: JCIT</p> <p>Target Date: Ongoing</p>	<p>Discovery. See page 2 of this report under the section on “Stress Test.” JCIT staff are planning to work with the appropriate county stakeholders to see what progress can be made on topics identified during the Stress Test and is also planning a follow-up meeting to further the discussion.</p>
<p>(1G): JCOD Independent Pretrial Services.</p> <p>Lead: JCOD</p> <p>Target Date: First Pilot is planned to be launched at the end of June 2024 at Airport Courthouse.</p>	<p>Pilot. JCOD is launching its first pilot of its Independent Pretrial Office in late June 2024. JCOD’s pretrial services prioritize the delivery of safe, effective, and JII-centered services, which work to reduce the pretrial jail population, improve public safety, and decrease court Failure to Appear (FTA) rates. This pilot will first start with voluntary service connection and is planned to launch conditional release services later in calendar year 2024. Additional sites throughout Los Angeles County are planned to be phased in during Fiscal Year 2024-25.</p>

Focus Area (2): Jail Facilities

To close MCJ, specialized populations must be moved out of MCJ to other facilities.

Project	Status
<p>(2A): Feasibility Study-Century Regional Detention Facility (CRDF)</p> <p>To deliver a study that provides an assessment, guidance, preliminary planning, and cost estimates on the feasibility of relocating individuals currently in Moderate Observation Housing (MOH) at Men's Central Jail to a portion of one tower at CRDF, which is currently an all-female custody facility.</p> <p>Lead: CEO-DOJ/DPW</p> <p>Target Date: August 2024</p>	<p>Planning. Consultants retained and the County of Los Angeles Department of Public Works (DPW) project managers assigned. Kick-off meeting conducted on 4/17/24 and the initial workshop on 5/2/24. A technical site visit by Architect/Engineer conducted on 5/6/24. An operation and function site visit was conducted on 5/23/24.</p>
<p>(2B): Feasibility Study-Pitchess Detention Center-East Renovation.</p> <p>To deliver a feasibility study that provides an assessment, guidance, preliminary planning, and cost estimates to relocate individuals currently in MOH at Men's Central Jail to Pitchess Detention Center (PDC)-East, which is an underutilized Sheriff custody facility.</p> <p>Lead: CEO-DOJ/DPW</p> <p>Target Date: August 2024</p>	<p>Planning. Consultants retained and DPW project managers assigned. Kick-off meeting conducted on 4/17/24 and the initial workshop on 4/29/24. A technical site visit by Architect/Engineer conducted on 5/13/24. An operation and function site visit was conducted on 5/22/24.</p>

Focus Area (3): Reducing Inflow into Jail

Implementing strategies to prevent individuals from entering the jail system.

Project	Status
<p>(3A): County of Los Angeles Department of Mental Health (DMH) Alternative Crisis Response (ACR).</p> <p>DMH established a new ACR Unit dedicated to ensuring crisis response services and systems are coordinated and comprehensive throughout Los Angeles County. Since June 2022, DMH has been working closely with Didi Hirsch Mental Health Services to rollout 988 services in Los Angeles County as well as expand FIT* (field intervention teams) availability across Los Angeles County.</p> <p>Lead: DMH</p> <p>Target Date: 12/31/2023</p>	<p>Active. ACR has been fully implemented. Contracted Mobile Crisis team + DMH PMRT teams are part of a 24/7 response system. Mobile Crisis Medi-cal benefit implemented.</p>
<p>(3B): Expansion of the Law Enforcement Assisted Diversion (LEAD).</p> <p>LEAD's aim is to intervene at the earliest point possible in the criminal legal system to prevent unnecessary harms that result from arrest and incarceration, while also saving the public money on law enforcement and court interventions that are highly expensive and do little to address the root causes of why a person continues to be arrested. Law enforcement or other community stakeholders refer people who are generating a lot of calls for law enforcement services prior to/in lieu of arrest. LEAD offered on voluntary basis. If person agrees, they are offered long-term intensive case management services (ICM), housing, and legal support through ODR.</p> <p>Lead: DHS-ODR</p> <p>Target Date: Ongoing</p>	<p>In Development. In process of expansion to new locations. LEAD has filled 79% of Care First Community Investment (CFCI) funded ICMS slots across three geographic areas. Providers have continued to hire staff and enroll clients. Referral coordinators are now in the statement of work to ensure better connection between law enforcement and ICMS. A time limited motel program has allowed LEAD clients to better access temporary housing.</p>

Focus Area (4): Creating New Outflow Opportunities from Jail

Developing innovative programs and initiatives to facilitate the transition of individuals out of the jail system.

Project	Status
<p>(4A): 128 Bed Psychiatric Sub-Acute Facility at LA General.</p> <p>DMH to build a locked psychiatric facility for misdemeanor-incompetent to stand trial (MIST) and felony incompetent to stand trial (FIST) that cannot be restored to competency and are conserved.</p> <p>Lead: DMH and DPW.</p> <p>Target Date: 2027</p>	<p>Planning. DPW is drafting a letter to the Board of Supervisors to award a design builder. The facility is expected to be completed early 2026. DMH will then solicit for providers. We expect facilities to be open and operational by 2027. Due to funding the facility will now be 96 beds. This facility is part of DMHs commitment to add 500 beds.</p>
<p>(4B): Adding Public Defender (PD)/Alternate Public Defender (APD) Capacity</p> <p>CFCI funding for PD/APD positions to support additional releases and diversions to programs and beds.</p> <p>Lead: PD/APD</p> <p>Target Date: 2024</p>	<p>Completed. PD has filled all CFCI funded positions.</p>
<p>(4C): Compassionate Release.</p> <p>LASD may release from a County correctional facility for transfer to a medical facility or residential care facility, a prisoner whose physical condition, in the opinion of the examining physician, is such that he or she is rendered incapable of causing harm to others upon or after release from custody.</p> <p>Lead: TBD</p> <p>Target Date: TBD</p>	<p>Discovery. Currently being explored and evaluated; has not progressed to a more defined stage.</p>

Project	Status
<p>(4D): JCOD STOP.</p> <p>JCOD Specialized Treatment for Optimized Programming (STOP) is an alternative to incarceration program that provides interim housing, coupled with individualized services to address criminogenic factors.</p> <p>Lead: JCOD</p> <p>Target Date: 02/01/2024</p>	<p>Active. 400 interim housing beds available as of 02/01/2024. JCOD continues to educate justice partners on the availability of these services to increase referrals.</p>
<p>(4E): DMH Beds for P3/4 In the Pipeline.</p> <p>DMH to add 500 beds, including secure/locked beds for P3/P4 population between FY 23/24 and FY 27/28</p> <p>Lead: DMH</p> <p>Target Date: 06/30/2028</p>	<p>In Development. DMH added 84 beds in year 1. This exceeded the commitment of 72 beds. DMH has a commitment for 92 new beds in year 2 and 12 which have been added in year 1.</p>
<p>(4F): Medical Probation.</p> <p>LASD may request the court to grant medical probation or to resentence a prisoner to medical probation in lieu of jail time for any prisoner sentenced to a county jail under certain circumstances.</p> <p>Lead: TBD</p> <p>Target Date: TBD</p>	<p>Discovery. Currently being explored and evaluated; has not progressed to a more defined stage.</p>

Project	Status
<p>(4G): New DMH Treatment/Housing Beds For Depopulation.</p> <p>DMH recently submitted a report to the Board "Establishing a roadmap to address the mental health bed shortage" which establishes DMH's plan to add beds throughout the continuum of care. These beds may assist with depopulation by providing additional treatment and housing beds for individuals diverted or released from the justice system.</p> <p>Lead: DMH</p> <p>Target Date: Ongoing</p>	<p>Planning. DMH will be using methodologies provided by the consultant who worked on the Roadmap to determine the type of beds to be added, the number of treatment beds to be added and where the beds should be located to ensure access and equity. Additionally, DMH will evaluate how the Prop 1 bond measure may be able to help with financing the building or remodeling of facilities.</p>
<p>(4H): New DPH-Substance Abuse Prevention and Control (SAPC) Treatment/Housing Beds for Depopulation.</p> <p>DPH-SAPC supports jail closure by supporting a range of community-based substance use disorder (SUD) treatment. DPH-SAPC was approved for JCIT funding in the amount of \$4.2 million per year to support the non-DMC costs to support the justice involved population. Justice involved clients can receive services across any of the 2,500 residential treatment beds and/or any of the approximately 1,350 Recovery Bridge Housing beds in our network. DPH-SAPC continues to leverage various funding sources to expand its network and bed capacity.</p> <p>Lead: DPH-SAPC</p> <p>Target Date: Ongoing</p>	<p>In Development. Recovery Bridge Housing (RBH): 73 new RBH beds have been added to the network, with an additional 158 in the process of being contracted (total: 231) Recovery Housing: 10 new beds are expected to be added to the network for FY 23-24 and 140 expected in FY 24-25. Residential: 14 new beds (2,571 total) Residential WM: 0 new beds (96 total).</p>

Project	Status
<p>(4I): New DHS-ODR Treatment/Housing Beds For Depopulation.</p> <p>This project will equitably reduce the number of people incarcerated in LA County with serious mental illness or other complex health needs, and reduce homelessness, emergency services use, and healthcare cost for this population. This population - persons experiencing homelessness and mental health, substance use, or complex physical health needs, are disproportionately impacted by the carceral system. Project resources will be directed to this highly vulnerable and impacted population in part by using sheriff, jail, healthcare records and Chief Information Office (CIO) data to identify project participants and target development and implementation of housing and clinical resources.</p> <p>Lead: DHS-ODR</p> <p>Target Date: 10/31/23</p>	<p>Active. All slots from this funding source have been allocated. Clients are tied to ICMS but have yet to enter Permanent Housing in which the draw down of the funding will be accelerated.</p>
<p>(4J): Expansion of JCOD Interim Housing Beds.</p> <p>Provide temporary housing for system impacted individuals with low-mid mental health acuity exiting jail or prison for up to a year while they receive stabilization services and seek more permanent housing solutions.</p> <p>Lead: JCOD</p> <p>Target Date: 07/01/2025</p>	<p>In Development.</p> <p>JCOD was able to extend the current four Reentry Interim Houses contracts (2 providers, 92 beds) until June 31, 2026. JCOD also extended the gender specific Providing Opportunities for Women in Reentry (POWR) program contracts (2 providers, 59 beds) for two more years, and expanded the program with two new providers starting July 1, 2024. JCOD inherited two Interim Housing contracts (44 beds total) from Local Initiatives Support Corporation (LISC)/DMH and will begin managing June 1, 2024. Additional funding is needed to expand Interim Housing program to SPA 1.</p>

Project	Status
<p>(4K): DHS-ODR Secure Beds For P3/4 In The Pipeline.</p> <p>On September 27, 2022, the Board directed ODR to develop a plan to secure mental health care beds for P3/ P4 population to provide services to the sickest portion of the jail mental health population through the expansion of community-based, secured, non-correctional mental health placements. Moving as many of those to community placements as possible is a critical step in improving the health of this population, reducing the population with serious mental illness in LA County jails, and meeting LA County's Care First goals.</p> <p>Lead: DHS-ODR</p> <p>Target Date: 06/30/2025</p>	<p>Planning. DHS-ODR is in the process of procuring acute and subacute beds in the community. ODR has made connections with a variety of secured facilities interested in working with this population. ODR meets regularly with DMH to ensure coordination of access to beds.</p>

JCIT Timeline within JCOD (From Nov 1, 2022 - onward)

2022



November 1: JCOD launches and officially resumes responsibility for JCIT



November onward: JCIT continues to oversee JCIT CFCI-funded beds across JCOD, DHS, DMH, and DPH-SAPC, tracking utilization, client flow/referrals, and program success.

2023



November 2022 through March 2023: coordinates with DMH and DHS to produce a response to the motion “Addressing the Mental Health Crisis in Los Angeles County: Developing Mental Health Care Facilities to Help Depopulate the Jail”.



January onward: JCIT meets with key stakeholders including LASD, DHS-CHS, and County Counsel to work toward a program of “compassionate release” from the jail.



January to May: JCIT develops and executes a contract “JCOD STOP” program, 400 beds for non-clinical diversion of individuals from custody.



January to September: LASD and CHS drive transfers to state prison and state hospitals with assistance from JCIT, ODR, County Counsel, and CEO DOJ Compliance and with streamlining of the state prison transfer process recommended by JCIT to eventually accomplish a more than 50% reduction in individuals in the jail pending transfer to state prison and more than 80% reduction in individuals pending transfer to state hospital



March to September: JCIT develops a new jail population modeling tool that eventually shows that the level of effort required to close MCJ without building a replacement facility is significantly higher than previously reported.

JCIT Timeline within JCOD (From Nov 1, 2022 - onward)

2023



July to December: JCIT conducts technical assistance with DHS-CHS and DMH to resolve delays in individuals approved for community programming actually being released from the jail to said programming.



August: JCIT coordinates a tour of the IRC with JCOD staff and a potential CBO provider for the JCOD Warm Landing Place program. As a result, JCIT secures a commitment from LASD to allow the program to operate in the “grassy area” outside of IRC.



September: JCIT collaborated with LASD to host focus groups at MCJ and CRDF focused on Gender Responsive Advisory Committee (GRAC) priorities.



April to September: JCIT leads conversations with CEO-CIO as well as LASD to obtain jail data to be used in more detailed jail population analysis.



November: JCOD signs MOU with LASD to obtain data needed for detailed jail population analysis. JCIT begins working with JFA Institute to analyze this data.



November 16: JCIT shares the results of its new jail population modeling tool with key stakeholder departments, including DHS, DMH, DPH, PD/APD, DA, LASD, DOJ Compliance Office, and CEO.



November 17 to 29: JCIT works with DHS-ODR to obtain detailed ODR bed data helpful for refining the JCIT jail population modeling tool.

2024

JCIT Timeline within JCOD (From Nov 1, 2022 - onward)



January 30: JCOD presents a “Report on the Status of the Closure of Men’s Central Jail” to the Board of Supervisors at a public meeting. This report includes a summary of the modeling / analysis that was presented to stakeholder departments on November 16, 2023, as well as outputs from the JFA detailed jail population data analysis resulting from the JCOD/LASD MOU.



January to February: JCIT develops new “return to court” slips for PD/APD which they can give to their clients and contains information about the JCOD Justice Connect Support Center.



February: JCIT facilitated training to attorneys from the Public Defender, Alternate Public Defender, and District Attorney in February 2024. The training focused on the various programs and supports that JCOD, DMH, and ODR are providing to justice-involved clients. Attorneys can refer their clients to these services to promote jail depopulation.



February 29: JCIT hosts a newly-launched Jail Closure Steering Committee with key stakeholder departments, to coalesce around the plan moving forward. Several individual meetings with these key departments follows.



March: JCIT met with CEO and LA Superior Court, and later with CEO DOJ Compliance, to workshop a proposal for 7 day/week arraignments, including necessary next steps with key partners.

JCIT Timeline within JCOD (From Nov 1, 2022 - onward)

2024



March 19-20: March 19-20, 2024, JCOD hosted the Sequential Intercept Model Mapping event. The event was collaboration with the Center for Justice Innovation and the Public Defender's Office. Partners and stakeholders from across LA County came together to identify resources, gaps, opportunities, and alignment in serving individuals who are involved in the criminal justice system and who have mental health and substance use disorders.



March 20: JCIT hosts a second Jail Closure Steering Committee follow up meeting with specific departmental representatives and presents a plan to move toward a more detailed implementation plan for jail closure in partnership with these key departments.



April 22 : JCIT hosts a third Jail Closure Steering Committee meeting to further clarify projects that will be compiled in the project portfolio for phase 1 of the Jail Closure Plan.



April 29: JCIT working in concert with the Center for Justice Innovation and a consultant, hosted a "stress test" where County justice stakeholders participated in review and analysis of files of individuals who were recently released from custody. The Stress Test resulted in key action items that will be further investigated by the JCIT team and key stakeholders.



May 20: JCIT hosts a third Jail Closure Steering Committee follow up meeting to review June report back, discuss findings from the Stress Test, and the transition of JCIT to CEO.



COUNTY OF LOS ANGELES


Kenneth Hahn Hall of Administration
500 West Temple Street, Room 100
Los Angeles, CA 90012
Website: jcod.lacounty.gov

DIRECTOR

Judge Songhai Armstead, *ret.*

July 17, 2024

To: Edward Yen, Executive Officer
Executive Office of the Board of Supervisors

From: Judge Songhai Armstead, Director 
Justice, Care and Opportunities Department

JAILS LAST: CREATION OF THE JAIL CLOSURE IMPLEMENTATION TEAM (ITEM 27, AGENDA OF JUNE 22, 2021); SAFELY REDUCING THE JAIL POPULATION BY EXPANDING THE COMMUNITY-BASED SYSTEM OF CARE FOR CISGENDER WOMEN, TWO SPIRIT, LESBIAN, GAY, BISEXUAL, QUESTIONING, AND TRANSGENDER, GENDER NON-CONFORMING AND/OR INTERSEX (2S-LGBQ+TGI) INDIVIDUALS (ITEM 18, AGENDA OF OCTOBER 19, 2021) – TRANSFER TO THE CHIEF EXECUTIVE OFFICE

On June 22, 2021, the Board of Supervisors (Board) approved a motion to create the Jail Closure Implementation Team (JCIT) to depopulate and close the Men's Central Jail (MCJ) and provide quarterly reports.

On October 19, 2021, the Board of Supervisors also approved a motion directing the Director of JCIT to report-back every 90 days on the collaboration with the Gender Responsive Advisory Committee (GRAC) to prioritize and implement recommendations from the GRAC report that further JCIT's mandate to decrease the jail population and close MCJ. These reporting responsibilities related to the GRAC recommendations will remain with JCIT.

On November 1, 2022, the Justice, Care and Opportunities Department (JCOD) assumed responsibility for JCIT work.

On April 9, 2024, the Board approved a motion to transfer JCIT to the Chief Executive Office (CEO) no later than June 30, 2024. With the approval of the April 9, 2024 Board motion and this transfer memo confirms the CEO assumed responsibility for JCIT as of June 30, 2024.



Edward Yen
July 17, 2024

Should you have any questions concerning this matter, please contact me at (213) 974-1664 or jsa@jcod.lacounty.gov .

SA:AB:GE:lac

c: Chief Executive Office



**Chief
Executive
Office.**

COUNTY OF LOS ANGELES

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CHIEF EXECUTIVE OFFICER

Fesia A. Davenport

January 22, 2025

To: Supervisor Kathryn Barger, Chair
Supervisor Hilda L. Solis
Supervisor Holly J. Mitchell
Supervisor Lindsey P. Horvath
Supervisor Janice Hahn

From: Wilford Pinkney Jr., Executive Director *WJP/PJG*
Jail Closure Implementation Team

**JAIL CLOSURE IMPLEMENTATION TEAM – SECOND QUARTERLY REPORT
(ITEM NO. 12, AGENDA OF APRIL 9, 2024)**

On April 9, 2024, the Board of Supervisors (Board) directed the transfer of the Jail Closure Implementation Team (JCIT) back to the Chief Executive Office (CEO). JCIT's first quarterly report back detailed the status of JCIT within CEO. This report provides JCIT status updates since the last report, dated September 30, 2024.

JCIT Personnel

Since last quarter, JCIT has grown from a team of two to eight people. I started as JCIT's Executive Director on December 9, 2024¹. JCIT added a local criminal practitioner, two principal analysts (one responsible for communications and the other for community engagement), a secretary, and a contracted data analyst.

¹ Biography for Wilford Pinkney Jr. is available here: <https://ceo.lacounty.gov/jcit/>



JCIT Work

JCIT has taken the following actions on the remaining Board directives from when JCIT was transferred to the CEO:

Directive	Status/Actions Taken
Convene LA County justice stakeholders for the purpose of developing an integrated timeline for when JCIT will finalize the first phase of substantive plans for how the County will take steps towards the closure of Men's Central Jail (MCJ).	Ongoing. On December 12, 2024, JCIT convened LA County justice stakeholders including some from City Departments. JCIT plans to convene these stakeholders monthly to discuss progress and has identified liaisons from each department to work between meetings on developing a plan and timeline for MCJ closure.
Direct Department of Health Services, Department of Mental Health, and Department of Public Health to report to JCIT quarterly with detailed plans describing how its efforts to build community beds can assist the County in its goal of depopulating and closing MCJ.	Ongoing. These departments attended the JCIT convening on December 12, 2024, and JCIT staff have met individually with each department. On December 31, 2024, JCIT issued a survey to Departments to obtain more detailed updates on their community bed generation efforts and impact towards the County's goal of depopulating and closing MCJ. Updates are due to JCIT during quarter one of 2025 and JCIT will include them in the next report back.
Request the District Attorney, and direct the Public Defender, Alternate Public Defender, and Medical Examiner to report back quarterly with detailed plans describing how its efforts to improve criminal case processing can assist the County in its goal of reducing a person's length of stay in jail.	Ongoing. These departments attended the JCIT convening on December 12, 2024, and JCIT staff have met individually with each department including Department Heads. JCIT is working on a reporting template for these Departments to provide regular, more detailed updates on their depopulation and case processing work.
Verbal presentation to the Board every six months.	Ongoing. JCIT Executive Director will provide the next verbal update, which is due April 1, 2025.

JCIT Project Portfolio

JCIT is committed to making data-driven decisions. JCIT has continued to update the Project Portfolio developed by the Justice, Care and Opportunities Department (JCOD) when JCIT was housed in that department (see attached). JCIT has started working to identify the cost, funding, and outcomes for each program.

Case Processing: Court Transportation and Impact of New Laws and Policies

With over 75 percent of the County jail population having a pending case before the Court, accelerating case processing times will be a critical approach to reducing the jail population.

JCIT staff have worked with the CEO-Department of Justice (DOJ) Compliance Team, Superior Court, Defense Counsel, Prosecution, Sheriff, and other County Departments to address case processing delays caused by transportation issues. On November 16, 2024, JCIT led an all-day test-run exercise designed to explore the increased use of video for court appearances. The test-run revealed numerous infrastructure issues, including with: 1) audio and video quality at the court and jail, 2) internet and phone within the jail; and 3) accessing language interpreters. The County will continue to explore remediation efforts and upgrades so that video technology is available as an option for court appearances. The test run identified five other potential strategies to improve court appearance rates and case processing. One partial solution was to repurpose a courtroom at Central Arraignment Courthouse, which is based at MCJ. This courtroom would handle Early Disposition Program cases and launched on January 13, 2025.

The recent passage of Proposition 36, and new court rules holding more people in custody have added complexity to developing a plan for jail closure. The County pretrial population increased by roughly 335 people from this time last month. JCIT is working with the justice partners to determine strategies that will mitigate the impact of these changes on jail depopulation efforts.

2S-LGBTQ-TGI Report Back

On October 19, 2021, Your Board directed JCIT to prioritize and implement the recommendations of the Gender Responsive Advisory Committee's (GRAC) in the County's efforts to safely reduce the jail population.² Given that the GRAC population is an important focus in JCIT's work, JCIT requested to merge the

² Safely reducing the jail population by expanding community-based system of care for cisgender women, two spirit, lesbian, gay, bisexual, questioning, and transgender, gender non-conforming and/or intersex individuals (2S-LGBTQ-TGI) (Item no. 18, Agenda of October 19, 2021)

Each Supervisor,
January 22, 2025
Page 4

2S-LGBTQ-TGI Report Back requirement into this JCIT Report Back going forward. In November 2024, the author and co-author of this motion approved the merger. JCIT will continue to report on GRAC and depopulation efforts concurrently in our quarterly reports back. JCIT staff also met directly with the GRAC Chair and attended the November 14th GRAC meeting.

Next Steps and Future Report Backs

JCIT plans to make progress in the following areas by the next Report Back:

1. Staffing: continue filling remaining staffing vacancies.
2. Data-driven decision making: continue collecting information needed to evaluate existing depopulation efforts and work with Departments to determine key performance measures for the County's jail closure efforts.
3. Advance Board directives on community beds and improving criminal case processing.

Should you have any questions regarding this matter, please contact Wilford Pinkney, Executive Director of the Jail Closure Implementation Team at (213) 262-8063 or wpinkneyjr@ceo.lacounty.gov.

FAD:JMN:JG
WP:CU:JJ:sy

Attachment

c: Executive Office, Board of Supervisors
 County Counsel
 District Attorney
 Sheriff
 Alternate Public Defender
 Health Services
 Internal Services
 Justice Care and Opportunities
 Medical Examiner
 Mental Health
 Probation
 Public Defender
 Public Health
 Public Works

JCIT PROJECT PORTFOLIO¹

(1) Reduce Inflow into Jail	
Project	Status
(1A): County of Los Angeles Department of Mental Health (DMH) Alternative Crisis Response (ACR). Lead: DMH	Active. ACR has been fully implemented. Contracted Mobile Crisis team + DMH Psychiatric Mobile Response teams are part of a 24/7 response system. Mobile Crisis Medi-Cal benefit implemented. Data on people served is available in the Biannual ACR Board Report .
(1B): Expansion of the Law Enforcement Assisted Diversion (LEAD). Lead: Department of Health Services-Office of Diversion and Reentry (DHS-ODR)	Partially Implemented. LEAD currently serves approximately 320 people annually. Full Implementation is estimated to occur in June 2026. LEAD has executed agreements with three additional regions (Antelope Valley, Downtown, Venice) to add 240 slots. LEAD is working to open three additional sites in FY 25-26, which would result in 780 total slots at full implementation.
(2) Expediting Existing Outflow from Jail	
Project	Status
(2A) Increasing the Capacity of Jail Buses/Transportation. Lead: County of Los Angeles Sheriff's Department (LASD) Target Date: September 2025	Active. LASD ordered 20 new custom buses in the summer of 2024. LASD will receive one new bus every two weeks beginning in December 2024 until the order is fulfilled. Once received, each bus must be made operational through installation of communications equipment. The first bus was received and put into operational use December 19, 2024, and a second bus was received before the end of 2024. A third bus is expected to be received by the department the week of January 13, 2025, with the remainder coming online gradually until all are operational by September of 2025. With assistance from CEO and ISD, LASD has also procured additional vans to

¹ JCIT's previous quarterly report contained four projects that were in very early stages of ideation but were not led by any County Departments. While JCIT will continue to vet these and other efforts in this portfolio, we have removed them from the formal JCIT Project Portfolio in order to vet their actionability and impact on the County's depopulation efforts.

	<p>supplement the bus fleet. Two of the 16 vans have been received and are in use, the remainder are in the process of being upfitting with security modules/lights and sirens. In addition, LASD is working to maximize resources for maintenance of existing aging vehicles, including through collaboration with CEO and ISD to identify new maintenance subcontractors.</p> <p>In December 2024, CBS news reported on the arrival of LASD's newest bus and future plans to increase fleet capacity. Link: "New LASD inmate transfer bus fleet to minimize court disruptions."</p>
<p>(2B): JCOD Rapid Diversion Program (RDP) Expansions.</p> <p>Lead: JCOD</p> <p>Target Date: TBD</p>	<p>Planning. RDP is active in seven out of 23 courthouses where criminal proceedings occur. Since launching in June 2019, RDP has served 2,882 individuals; 902 individuals have already graduated.</p>
<p>(2C) JCOD Independent Pretrial Services.</p> <p>Lead: JCOD</p> <p>Target Date: First Pilot launched at the end of June 2024 at Airport Courthouse.</p>	<p>Active. JCOD launched the first independent pretrial services pilot at Airport Courthouse on June 25, 2024, focused initially on making voluntary service connections for justice-involved individuals at the courthouse who are out of custody. Through December 17th, it had served 550 unique individuals. Planning is underway for a second pilot site, but the exact location is still to be determined. JCOD is also working with justice partners to create options for court-ordered service connections at these pretrial pilot sites as a condition of release, to provide additional opportunities for release for pretrial individuals who might otherwise be remanded to custody. Additional details on JCOD's model and plans for independent pretrial services may be found in their most recent reports back to the Board.</p>

(3) Creating New Outflow Opportunities from Jail	
Project	Status
(3A) 96 Bed Psychiatric Sub-Acute Facility at LA General Medical Center. Lead: DMH and DPW Target Date: 2027	Planning. DMH to add 500 beds, including secure/locked beds for P3/P4 population between FY 23/24 and FY 27/28. Included in this plan, is adding 96 bed subacute facilities at LA General Medical Center. As of September 2024, the construction of the 96 beds were in the early design phase.
(3B): Adding Public Defender (PD)/Alternate Public Defender (APD) Capacity to Support Additional Releases and Diversions Lead: PD/APD	Completed. PD has filled all four Care First Community Investment (CFCI) funded positions. These staff have helped PD make 1278 referrals for diversion in 2024.
(3D): JCOD Specialized Treatment for Optimized Programming (STOP). Lead: JCOD Target Date: 02/01/2024	Partially Completed. JCOD launched the JCOD STOP (Specialized Treatment for Optimized Programming) program in February 2024 for 400 individuals. The STOP program has had 59 participants since its start. The program provides a residential alternative to custody for individuals sentenced to local jail custody. JCOD expanded program's operations to Airport Court and with Probation. Additionally, executed a MOU with LASD to allow individuals to serve the remainder of their custody time in this program.

Project	Status
<p>(3E): DHS-ODR Secure Beds for P3/4 In the Pipeline.</p> <p>Lead: DHS-ODR</p>	<p>Planning. As part of a ramp-up to provide additional diversion and community-based restoration services for P3 and P4 individuals in the jails, DHS-ODR plans to add 70 total acute and subacute beds for use by three ODR programs – ODR Housing, ODR-Felony Incompetent to Stand Trial, and ODR-Incompetent to Stand Trial.</p> <p>DHS-ODR continues to have conversations with different providers on allocating acute and subacute beds in the community. ODR has accounted for all the acute and subacute beds contemplated in the ramp-up, and they are in various stages of construction. DHS-ODR anticipates that 50 IMD beds will be secured by end of FY 24-25. The 20 additional acute beds should be secured by end of calendar year 2025.</p>
<p>(3F): DMH Beds for P3/4 In the Pipeline.</p> <p>Lead: DMH</p> <p>Target Date: 06/30/2028</p>	<p>DMH to add 500 beds, including secure/locked beds for P3/P4 population between FY 23/24 and FY 27/28. Included in this subgoal is a plan to add 96 bed subacute facilities at LA General. DMH has received \$99.22 million in AB178/179 funding and its capital projects are in different phases of construction. See Board Report - Expanding Secure MH Beds and Development of Secure MH Facilities to Depopulate LA County Jails</p>
<p>(3I): New DMH Treatment/Housing Beds for Depopulation.</p> <p>Lead: DMH</p> <p>Target Date: Ongoing</p>	<p>Planning. DMH recently submitted a Board report "Establishing a roadmap to address the mental health bed shortage," which establishes DMH's plan to add beds throughout the continuum of care. These beds may assist with depopulation by providing additional treatment and housing beds for individuals diverted or released from the justice system.</p>

Project	Status
<p>(3J): New DPH-Substance Abuse Prevention and Control (SAPC) Treatment/Housing Beds for Depopulation.</p> <p>Lead: DPH-SAPC</p> <p>Target Date: Ongoing</p>	<p>Active. As of December 1, 2024, DPH-SAPC has added as part of the Behavioral Health Bridge Housing and Opioid settlement grants the following bed capacity:</p> <ul style="list-style-type: none"> - Recovery Bridge Housing - 266 beds added, with 184 currently undergoing the contractual process. Total number of beds, once the contractual process is completed is 1,630. - Recovery Housing (RH) - nine beds added, with 75 currently undergoing the contractual process. By the end of FY 24-25, DPH-SAPC expects to have a total of 150 RH beds that includes 57 pending beds, plus an additional 93 beds to be added later this Fiscal Year. As of Quarter 1 of FY 24-25 - DPH-SAPC has added as part of the Drug Medi-Cal Program: - Residential: 72 new beds were added with an overall bed total of 2,672 total. - Residential Withdrawal Management: In FY 24-25 Q1, two (2) new beds were added with an overall bed total of 106.
<p>(3K): New DHS-ODR Treatment/Housing Beds for Depopulation.</p> <p>Lead: DHS-ODR</p> <p>Target Date: Ongoing</p>	<p>Active. DHS-ODR's ramp up of additional diversion and community-based restoration services for P3 and P4 individuals in the jails includes 250 CFCI-funded beds/slots for the ODR Housing program. ODR has served 250 clients within the CFCI funded slots since CFCI funding for the 250 slots were launched, and all 250 slots have been allocated. Clients are receiving Intensive Case Management Services and Interim Housing, but 90 percent have yet to enter Permanent Housing, as average timeline from program enrollment to Permanent Housing is one year, at which time the draw down of the funding will be accelerated.</p>

Project	Status
(3L): Expansion of JCOD Interim Housing Beds. Lead: JCOD	Completed. JCOD has 136 Reentry Interim Housing beds in SPA 6 (96 for men, 20 for women, 20 for mixed gender and LGBTQ individuals) across six houses. JCOD is looking into additional funding sources to expand beyond SPA 6.

(4) Reducing Length of Stay in Jail

Project	Status
(4A): Video Arraignments/Hearings. Lead: JCIT	Planning. JCIT staff have been working in collaboration with the Courts, Defense Counsel, Prosecution, Los Angeles Sheriff's Department (LASD) and other County departments to address case processing delays caused by transportation issues. JCIT led a test-run of video arraignment on November 16th. Infrastructure issues were identified during the test-run and remediation is in progress. The County will continue to explore necessary upgrades so that video technology is available where the option is desired.
(4C): Criminal Case Processing Reforms. Lead: JCIT Target Date: Ongoing	<p>Discovery. While JCIT was still within JCOD, JCIT hosted this stress test event in April 2024. The details of this stress test can be found in JCIT's 6th Quarterly Report to the Board. JCIT staff are planning to work with the appropriate County stakeholders to see what progress can be made on topics identified during the stress test.</p> <p>To help address case processing delays caused by transportation issues—especially as the County remediates video court appearance options—the Court is now working on a partial solution of opening a courtroom at Central Arraignment Courthouse, which is connected via underground tunnel to MCJ. The Court proposes to launch this courtroom in January 2025 to handle Early Disposition Program cases.</p>

(5) Capital Facilities	
Project	Status
(5A) Feasibility Study-Century Regional Detention Facility (CRDF) Lead: CEO-DOJ Compliance Team/DPW	Active. Final Draft Report received from Architect/Engineer consultant in October 2024. Department heads and executives briefed in November and December 2024. CEO-DOJ's next step is to brief BOS offices.
(5B): Feasibility Study-Pitchess Detention Center-East Renovation. Lead: CEO-DOJ/DPW	Active. Final Draft Report received from Architect/Engineer consultant in October 2024. Department heads and executives briefed in November and December 2024. CEO-DOJ's next step is to brief BOS offices.
(5C): Feasibility Study-Pitchess Detention Center-South Renovation. Lead: CEO-DOJ/DPW Target Date: Early 2025	Active. Architect/Engineer consultant retained and DPW project manager assigned. Kick-off meeting conducted on November 7, 2024. Technical site visits by Architect/Engineer conducted on November 4, 2024, and November 18, 2024. Final Report expected from consultant in early 2025.



**Chief
Executive
Office.**

COUNTY OF LOS ANGELES

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CHIEF EXECUTIVE OFFICER

Fesia A. Davenport

June 30, 2025

To: Supervisor Kathryn Barger, Chair
Supervisor Hilda L. Solis
Supervisor Holly J. Mitchell
Supervisor Lindsey P. Horvath
Supervisor Janice Hahn

From: Wilford Pinkney Jr.
Executive Director 

**COMMUNITY SAFETY IMPLEMENTATION TEAM – FOURTH QUARTERLY
REPORT (ITEM NO. 12, AGENDA OF APRIL 9, 2024)**

On April 9, 2024, the Board of Supervisors (Board) directed the transfer of the Jail Closure Implementation Team (JCIT), now named the Community Safety Implementation Team (CSIT), back to the Chief Executive Office (CEO). Among other directives, the Board directed CSIT to report in writing every 90 days with updates describing the detailed substantive plans for the closure of Men's Central Jail (MCJ) that it has developed with County departments and stakeholders. This report provides CSIT status updates since the last report, dated April 9, 2024.

Progress Since Last Report

The report will speak to the progress CSIT has made in building consensus and producing a comprehensive framework that delineates the options, steps, and conditions needed for closure of MCJ in the shortest possible timeframe (identifying what needs to be done).

The framework will create the foundation for a jail closure implementation plan (determining how it would be done).



Jail Closure Framework *(Identify what needs to be done)*

The framework will be based on the following principles:

- Achieving closure of MCJ in the shortest timeframe possible.
- Determining the actions that, if acted on immediately, would ensure that any plan to close MCJ could not be undone by changes in County leadership.

To achieve the closure of Men's Central Jail in the shortest time frame possible, CSIT is exploring multiple paths forward.

These paths, which are outlined below, as well as their underlying strategies, are based on our analysis of presently available information and are subject to change as we continue our assessment.

For each potential path, CSIT is working to determine feasibility, projected costs, potential funding, implementation timelines, performance milestones, and necessary commitments from relevant partners.

Potential Paths to Closure			
A	The County reduces the jail population to a level that enables MCJ closure by reducing in-flow and length of stay; increasing outflow; and expanding community-based treatment and service capacity.		
B*	The County reduces the jail population to a level that enables MCJ closure by reducing in-flow and length of stay; increasing outflow; and expanding community-based treatment and service capacity.	and... The County modernizes unused facilities at Mira Loma and Pitchess Detention Center - East to rapidly increase its capacity to safely house people who are ineligible for release or are not yet released.	
C*	The County reduces the jail population to a level that enables MCJ closure by reducing in-flow and length of stay; increasing outflow; and expanding community-based treatment and service capacity.	and... The County modernizes unused facilities at Mira Loma and Pitchess Detention Center East to rapidly increase its capacity to safely house people who are ineligible for release or are not yet released.	and... The County adds capacity by building new county operated, non-law enforcement operated mental health treatment facilities.**
<i>*Together, these strategies would need to reduce the county jail population to a level that enables MCJ closure.</i>			
<i>** This requires Court willingness to release people to these facilities, which can only hold people in locked settings consistent with applicable law and clinical standards.</i>			
<i>MCJ houses 27 functions and spaces support the countywide correctional system. The replacement of these facilities, which are identified in Attachment I, is necessary regardless of which strategy is selected.</i>			

The determination of which path to take depends on the scale, scope, and speed at which the County can depopulate the jail system and enhance the community-based system of care.

As part of the framework, CSIT has centered its analysis on several areas of focus that will ultimately inform our recommendation on which path to implement.

The areas do not represent the full scope of our efforts but illustrate emerging opportunities based on gaps we have identified thus far, which are listed below.

While we describe them briefly below, we provide a more detailed summary in Attachment I.

Jail Population Modeling

CSIT is updating a base population projection model from a 2021 study in order to identify a realistic population that can be reached based on current depopulation strategies and the current characteristics of the jail population.

Enhancing the Community Based System of Care

CSIT is working to determine the capacity needs in the community across all levels of care to support increased diversions and connection to care. At present, Departments' data systems do not allow them to regularly and easily generate a report that identifies an individual's needs at the time of release from jail or what services they received after release. CSIT is working with Departments to identify ways to leverage existing data collection and reporting infrastructure to better identify the beds and services needed.

CSIT is also gathering data to determine estimates of the cost and effort required for expansion.

Shortening Length of Stay

Reducing the overall length of stay for those in the jail has the potential to substantially decrease the jail population. CSIT is working to decrease the amount of time it takes from case initiation to case disposition for individuals in custody by piloting systematic case reviews and increased access to mental health experts, among other strategies.

Facilities

Prior to the demolition of MCJ, the inmates housed there must be relocated, and replacement facilities to support and maintain continuous operation of Twin Towers Correctional Facility (TTCF), and the County's correctional system must be constructed.

CSIT is determining feasibility, cost estimates and effort required to ensure adequate and appropriate facilities to support the closure of MCJ, including the replacement of these Countywide jail functions and the modernization of unused facilities.

Review of County's Prior Jail Closure Efforts

Our mandate to close MCJ in the quickest timeframe possible compels us to synthesize previous recommendations to inform our closure plan. These recommendations were developed in collaboration with community and County stakeholders.

CSIT has completed its review of prior jail closure reports, with particular focus on four (4) reports: 1) Alternatives to Incarceration Workgroup Report, 2) JFA Institute Report, 3) Close MCJ Workgroup Report, and 4) Sequential Intercept Model Mapping Report.

Of the 246 recommendations that these reports provide collectively, CSIT identified approximately 60 recommendations that fall within CSIT's scope of work.

A more detailed summary of our review is included in Attachment I.

Policy Impacts

Recent and proposed policies present both challenges and opportunities for CSIT's work.

Proposition 36 continues to contribute to a rise in jail population, causing a 59 percent rise in individuals with Prop 36 related charges in the jail, straining defense resources, causing delays in case processing and further straining the ability of the County to provide needed mental health housing and services.

Senate Bill 43 (effective in Los Angeles County in Jan 2026) expands the definition of "gravely disabled" which may lead to increased involuntary detention (5150s), conservatorship referrals. As a result, DMH and DHS may see an increase in demand for already limited subacute behavioral health treatment beds and capacity impacts to acute psychiatric facilities. ODR reports it would limit their ability to expand services.

Proposition 1 (The Behavioral Health Services Act) will shift funds to housing interventions, such as rental subsidies, but does not include services. It will impact behavioral health prevention services by redirecting funding, which currently benefits individuals with mental health and/or substance use disorders.

AB 1231 (proposed) would allow diversion for certain low-level, non-violent felonies without requiring a mental health diagnosis, which could significantly lower the jail population but increase the need for social workers.

In addition, the potential loss of the **Medicaid Waiver 1115** would significantly impact Medicaid programs, jeopardize the County's safety net system, potentially lead to hospital and clinic closures and reduce revenue for pre-release programs and housing support.

In Attachment I, we have synthesized feedback from departments and our own analysis on these and other potential impacts.

Potential Constraints

CSIT's ability to quickly develop a framework for closure and confidently identify a clear path forward has been limited by delays in Departmental responses to our requests for information. These delays are largely due to competing Board priorities, staffing constraints and gaps in data maturity, infrastructure, and established processes.

- Departments have expressed that some of the data that CSIT needs to develop its recommendations is often located across disparate systems, requires significant manual effort to collect and analyze, and/or is typically captured in a context that is not aligned with depopulation needs (e.g. information does not specify whether someone came from jail or not; or is not collected at key decision-points in the criminal justice system process).
- CSIT data requests are also made alongside numerous other reporting requirements and requests from the Board and others, creating competing priorities and straining capacity.
- Some of the information sought by CSIT is not currently collected by departments as it has not been the primary focus of their reporting efforts.
- Additionally, in many cases, Department data needs to be combined with law enforcement or other outside data to aid the Departments in responding to our requests and CSIT in confidently identifying a clear path forward.
- Departments are also challenged by staffing constraints, as well as gaps in data infrastructure and, in some cases, the need to rely on numerous, contracted providers for the information that CSIT requests.

Where possible, we are doing the following to address these challenges:

- CSIT is aligning requests with Departments' existing reporting to reduce duplicative reporting.
- CSIT is working with departments, Chief Information Office and Los Angeles Sheriff Department to create or amend data sharing agreements.

- CSIT is working with Departments to adjust data requests to fit within their existing capacities and, in other instances, is developing recommendations to increase capacity to respond to data requests.

Next Steps and Future Report Backs

Our goal is to make progress in the following areas by the next Report Back:

1. Finalize the Base Population Projection and the Depopulation Stack.
2. Begin working with justice partners to develop uniform service standards and a plan for oversight of all community-based services.
3. Set goals for short- and long-term strategies (e.g. resolving cases of people incarcerated more than two years, etc.
4. Incorporate final GRAC recommendations, which are expected late Summer 2025, in future CSIT Reports.
5. Report on the impact of the budget curtailments on efforts to close MCJ.
6. Continue to report on the impact of legislative and policy changes on CSIT's mission.

Should you have any questions regarding this matter, please contact me at (213) 262-8063 or wpinkneyjr@ceo.lacounty.gov.

FAD:JMN:JG
WP:CU:SSC:RF:sy

Attachment

c: Executive Office, Board of Supervisors
 County Counsel
 District Attorney
 Sheriff
 Alternate Public Defender
 Health Services
 Internal Services
 Justice, Care and Opportunities
 Medical Examiner
 Mental Health
 Probation
 Public Defender
 Public Health
 Public Works

Contents (By Heading):

1. *Jail Closure Framework*
 - a. Base Population Projection
 - b. Area of Focus: Enhancing Community Based System of Care
 - c. Area of Focus: Shortening Length of Stay
 - d. Area of Focus: Facilities
2. *Review of Prior Jail Closure Reports*
3. *Policy Impacts*

Jail Closure Framework

This attachment outlines areas of focus and emerging priorities of CSIT's jail closure framework.

The framework will be based on the following principles:

- Achieving closure of Men Central Jail (MCJ) in the shortest timeframe possible.
- Determining the actions that, if acted on immediately, would ensure that any plan to close MCJ could not be undone by changes in County leadership.

While not exhaustive, the areas of focus below illustrate emerging opportunities and will ultimately inform our recommendations for jail closure.

These areas are based on our analysis of presently available information and are subject to change as we continue our assessment.

Base Population Projection

Base Population Projection Reflective of Current Realities

In a 2021 study, a model was used to provide a base population projection of the number of inmates the Los Angeles Sheriff Department jail system would need to be reduced to for safe closure of MCJ. CSIT has engaged a consultant to assist in updating several inputs into the model in addition to the timeline on which the new base population projection is estimated. The original base population projection included reforms that have been implemented and no longer impact the current jail population.

CSIT is updating the base population projection to determine a more realistic target number that considers the current policy changes, e.g., Proposition 36, and strategies that influence the jail population including court case timelines and mental health beds needed. This will ensure we identify a more accurate target number that will allow CSIT and its partners to effectuate the closure of MCJ without a replacement facility.

Our goal is to develop a five-year projection that will detail yearly population impacts to show what MCJ closure actions, that, if acted on immediately, would ensure that any plan to close MCJ could not be undone by changes in County leadership.

The base population projection must be grounded in accurate data that reflect current realities, especially as it relates to mental health beds. To accomplish this, we asked the departments below to determine the number of people currently in the jail, from a representative sample, that would qualify for their programs:

- Substance Abuse Prevention and Control (SAPC)
- Office of Diversion and Reentry (ODR)
- Department of Mental Health (DMH)

The table below is only for demonstration purposes and is not the current base population projection. Not all the actions listed in the table below will be a part of the updated projection, for example the *CDCR Intake Restrictions* have been eliminated for several years.

Action	Jail Population Reduction	Net Jail Population	BSCC Capacity	Operational Capacity	Bed Surplus/Deficit	Operating Costs (millions)	Capital Costs (millions)
Current Status		15,000	11,478	10,330	-4,670		
1. Eliminate CDCR Intake Restrictions	-2,600	12,400	11,478	10,330	-2,100	\$0	\$0
2. Implement Case Processing Reforms	-2,000	10,400	11,478	10,330	-70	\$0	\$0
3. Expand MH Beds	-800	9,600	11,478	10,330	+730	\$54m	\$6m
4. Expand Alternatives to Incarceration	-1,100	8,500	11,478	10,330	+1,830	\$0	\$0
Adjust for Future Admission Increase	500	8,900	11,478	10,330	+1,430		
Adjustment for MCJ Closure		8,900	7,966	7,169	-1,731	-\$109m	
Grand Totals		8,900	7,966	7,169	-1,731	-\$55m	\$6m

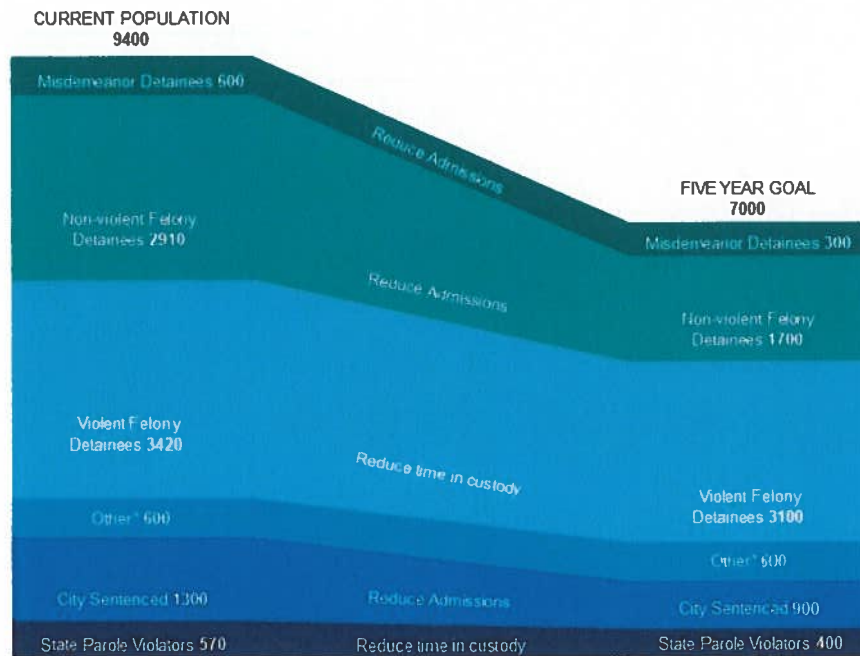
Depopulation Stack

A component of the base population projection update is to incorporate the "Grand Total" figure into the Depopulation Stack, seen below.

This was originally developed in 2016 for the Mayor's Office of Criminal Justice in New York City and served as a visual summarizing the depopulation strategies and their projected effect on each segment of the jail population.

CSIT is adopting and updating the Depopulation Stack as part of our framework because it considers criminal charge categories of people in the jail.

This will provide a more accurate base population projection by assigning the updated "Grand Total" figure, from above, into the goal on the right-hand side of the stack as the "Five Year Goal."



The stack above is for demonstration purposes and is not the final one that will be developed for LA County.

Area of Focus: Shortening Length of Stay (Lever 2)

Goal: Decrease the amount of time it takes from case initiation to case disposition for individuals in custody.

1. Case Review (Long Lengths of Stay)

What is happening:

As of May 12th, CSIT's review of jail data revealed that more than 17 percent (2,221) of the current jail population are in custody longer than one year, which is the standard timeframe for resolving felony cases in California.

Why is it happening:

CSIT's conversations with Departments and Justice partners have revealed that to date there appears to have been no regular, collective review in LA County of cases that have been pending in criminal court for more than two years to work towards mutually agreeable case resolutions.

One barrier to review excessively old criminal cases was the inability to quickly pull and analyze case-level data and determine roadblocks to reaching dispositions.

However, justice partners have begun to employ advanced case management systems, and the LA Superior Court has transitioned to the Odyssey system, making it possible to generate lists of cases that are exceptionally delayed in a more efficient manner.

What we'll do next:

CSIT has begun to collaborate with partners in the Los Angeles Superior Court, the Office of the District Attorney, the Public Defender, Alternate Public Defender, and Independent Defense Counsel Office to systematically identify cases that have been pending more than two years. Each partner department will independently review these cases with an eye toward swiftly reaching an appropriate case resolution. CSIT will continue to monitor jail data follow up regularly with each of the partners to gauge progress on diminishing the list of individuals awaiting disposition more than two years in custody.

2. Case Review (Short Lengths of Stay)

What is happening:

CSIT's review of jail data revealed the largest group of inmates in LA County Jail, about 23 percent (2,998) as of May 12th, 2025, are in custody fewer than 30 days.

Additionally, since 2024 less than one third of releases from LA County jail have been transfers to state prison. Two thirds of the individuals released from LA County Jail are

returning to our community (freely, upon completion of a sentence, on probation, or via treatment). Of those, about 64 percent (32,865), are released after serving fewer than 30 days.

Why is it happening:

While CSIT's conversations with Departments and Justice partners have revealed that there appears to be no regular, collective review in LA County of cases in the first 30 days that have been pending in criminal court; however, the exact reasons for these trends are unknown.

What we'll do next:

CSIT has begun to develop a process with justice partners (District Attorney, Public Defender, Alternate Public Defender, and Independent Defense Counsel Office) to meet regularly to review cases early on where an individual in custody is not likely to go to prison and explore release options early on. These reviews will also shed light on factors contributing to these trends. The partners will begin with a single pilot location (for example a single courthouse) to develop an efficient and effective approach in the coming months.

3. Expert Appointments

What is happening:

CSIT's conversations with Departments and Justice partners has revealed that the expert appointment process contributes to delays in case resolution for individuals with mental health conditions seeking legal diversion.

Specifically, justice partners have estimated that obtaining an expert opinion regarding a mental health condition adds a minimum of six to eight weeks of delay into the criminal case process for individuals who are in custody.

Why is it happening:

Some of the factors leading to the delay include the following:

- There are not enough experts on the "approved" expert list to handle the case volume;
- The experts available for court appointments carry large caseloads, lengthening the time people spend awaiting evaluations;
- The experts who are available for appointment experience difficulty with facilitating interviews (both in-person and via video) with the incarcerated individuals seeking evaluation; and
- Experts often have long waiting lists of clients and typically indicate that it will take six to nine months to complete a report.

What we'll do next:

Next, CSIT will work with public defender offices to develop potential solutions to speed up mental health evaluations. CSIT will also determine the costs of immediate solutions and identify sources of funding to support potential pilots to increase public defender offices' access to mental health experts for criminal cases involving incarcerated people.

CSIT will continue to collaborate with justice partners to identify barriers and challenges in the expert appointment and evaluation process in the coming months.

Area of Focus: Enhancing Community Based System of Care (Lever 3)

Goal: Fostering more community-based opportunities for diversion and release is essential to safely depopulating the jail. Our goal is to identify the services provided to those housed in the jail in order to determine the capacity needs in the community across all levels of care so individuals can receive the appropriate services based on their needs.

This includes increasing the number of community-based housing and treatment beds and services to a level that aligns with the needs of the jail population, improves coordination, and ensures safe and timely outflow from the jail.

1. Determining Appropriate Community Capacity

What is happening:

Currently, CSIT is not yet able to confidently make recommendations on the specific type of bed and services needed and at what level.

Why this is happening:

At present, Departments' data systems do not allow them to regularly and easily generate a report that identifies an individual's needs at the time of release from jail or what services they received after release. These needs include both clinical services and housing services, CSIT's review of ORCHID documentation revealed that the discharge destination and referrals made are most often stored in narrative form, which requires a considerable time and manual effort to identify trends in the level of care that is needed.

Because of these factors, there is not a good understanding of what capacity is needed at each level of care to achieve the goal of closing Men's Central Jail. This lack of understanding makes it difficult to plan and resource for the correct capacity in order to serve all individuals and ensure that there are no gaps.

What we'll do next:

CSIT is working with Departments to identify ways to leverage existing data collection and reporting infrastructure to better identify the services that people are accessing upon release—and determine the improvements needed to report out more systematically going forward.

2. Expanding ODR Services

What is happening:

Currently, the Office of Diversion and Reentry (ODR) does not serve individuals receiving mental health services in our ODR Housing program who have a P2 designation at the time of referral to ODR, unless they were previously under ODR's care. People with

the P2 designation are the largest group inmates housed in mental health housing, and a population that ODR served previously.

Why is it happening:

In the ODR Housing program, ODR is currently focused on serving individuals with a P3 or P4 designation at the time of referral to ODR.

ODR's prioritization in serving the P3/P4 population is driven by the goal of decreasing the number of individuals in high observation housing in support of DOJ compliance goals. ODR has been expanding rapidly and is on track to meet its current ramp up goals as early as January of 2026. ODR will serve approximately 4,900 individuals released from the jails at any given time once it reaches targets based on current funding, across all ODR jail-based diversion programs. With additional funding, ODR will have capacity to serve more individuals with P3, P4, and ultimately P2 designations. A significant portion of the approximately 3,500 people with the P2 designation would be eligible for diversion through ODR Housing. Anticipated ODR Court expansion this year will significantly increase capacity for mental health diversion.

What we'll do next:

We are reviewing jail data with ODR to determine the total number of individuals with a P2 designation eligible for diversion.

CSIT is reviewing cost estimates related to ODR expansion, including ODR funding needs, and staffing costs for ODR and justice partners, including public defenders, prosecutors and the Court, to serve individuals with a P2 designation in addition to their current work with people designated P3/P4.

CSIT will assess existing programs for potential expansion and explore pilot programs to serve the P2 population.

3. Step-Down Treatment Capacity

What is happening:

Improved coordination and additional system capacity would support timely transition to lower levels of care.

The 2019 LA Health Agency Countywide Mental Health and Substance Use Disorder Needs Assessment stated the County lacked sufficient acute care hospital, subacute, and Enriched Residential Services (ERS) beds but did not analyze the need for Enriched Residential Care (ERC) beds, Full-Service Partnership (FSP) slots, residential treatment for those with co-occurring disorders and other levels of care. There have been several other reports that have since looked at beds and the current 2024 HMA Mental Health Resources Planning (Tables 14-16) report takes these into consideration and lays out an

estimated number of subacute, ERS, ERC, and housing beds needed across the continuum of care.

Our conversations with departments also support the need for more Full Service Partnerships (FSP) capacity. The implementation of the Behavioral Health Services Act will provide opportunities to expand FSP capacity including programs targeted for individuals with forensic backgrounds.

With the continued expansion of the County's continuum of care, people will more easily move to the least restrictive placement that is clinically appropriate to meet their needs.

Why is it happening:

There has been an increase in demand for behavioral health services and housing at all levels. This is due, in part, to legislation to expand diversion opportunities that has required the county to expand programs providing mental health services to those eligible for diversion.

What we'll do next:

Departments that operate treatment beds and behavioral health supportive housing operate networks of providers and forecast their needs based on their individual obligations. CSIT will coordinate with applicable departments to produce aggregate totals for the county's need across the levels of care.

Area of Focus: Facilities

Goal: Ensuring adequate and appropriate facilities to support the closure of MCJ.

1. Replacing Countywide Jail Functions

What is happening:

CSIT learned through conversations that the existing MCJ site consists of many spaces that include functions that support not only MCJ, but also the Twin Towers Correctional Facility (TTCF) and the larger County correctional system.

Prior to the demolition of MCJ, the inmates housed there must be relocated, and replacement facilities to support and maintain continuous operation of TTCF, and the County's correctional system must be constructed.

Additionally, since MCJ housed the only single cells in the system, it will be necessary to construct single cells prior to the demolition of MCJ.

What we'll do next:

CSIT is working with partner departments on developing an initial high-level estimate of the cost and effort required to relocate and replace the facilities to support and maintain continuous operations of the County's correctional system.

The estimate will be based on information collected from previous reports focused on the demolition of MCJ. Cost estimates will include cost per bed, cost per square foot based on head count, demolition costs, etc.

The Inmate Reception Center (IRC), located within the Twin Towers Correctional Facility, serves a critical systemwide role as the intake and release center of people entering and exiting the jail system. It relies on a transportation hub and holding cells that are part of the MCJ footprint. As a result, cost estimates will assume that the IRC, transportation hub and holding cells will not be demolished.

CSIT is working to determine the feasibility of rebuilding some of the core functions in the footprint of the current MCJ site.

2. Modernizing Unused Facilities

What is happening:

Given the challenges discussed earlier in this document related to shortening the length of stay and expanding the system of care, CSIT has been exploring the capacity of existing jail facilities.

The 2021 Board motion that created JCIT discussed using the wealth of existing, thoughtful, and relevant recommendations to take decisive action to close MCJ.

The MCJ Closure Workgroup made recommendations on how the jail population could be redistributed amongst the remaining jail facilities, over time, with the goal of closing MCJ through attrition.

The redistribution, if needed, in addition to the expansion of the system of care, will allow for the closure of MCJ in the shortest time possible.

What we'll do next:

CSIT will work with partner departments to determine the feasibility of modernizing the facilities, as well as estimates of the cost and effort required.

Review of Prior Jail Closure Reports

Our mandate to close MCJ in the quickest timeframe possible compels us to synthesize previous recommendations to inform our closure plan. These recommendations were developed in collaboration with community and County stakeholders.

In April 2025, CSIT completed its synthesis of prior jail closure reports, which placed particular emphasis on four (4) reports: 1) Alternatives to Incarceration Workgroup Report, 2) JFA Institute Report, 3) Close MCJ Workgroup Report, and 4) Sequential Intercept Model Mapping Report.

Of the 246 recommendations that these reports provide collectively, CSIT identified approximately 60 recommendations that fall within CSIT's scope of depopulating Men's Central Jail and enhancing the community-based system of care. The recommendations span across nine categories: Case Processing, Community Engagement, Diversion, Facilities, Policy, Pretrial Services, Release Planning, Service Navigation, and Treatment.

Next steps include determining which recommendations have been acted upon and what progress has been made. Of those that have not, CSIT is working to determine what action is needed and which is the appropriate department to carry it out.

Policy Impacts

We continue to monitor the impact of the new legislation on our mission and have worked to gather potential impacts from our County Department partners.

Proposition 1

Feedback from Departments centered on concerns over the negative impacts expected of eliminating funding for prevention services, which could increase incarceration risks and limit efforts to reduce recidivism and lower the jail population.

The Behavioral Health Services Act will shift funds to housing interventions, such as rental subsidies, but does not include services. It will impact behavioral health prevention services by redirecting funding, which currently benefits individuals with mental health and/or substance use disorders.

The removal of funding for some behavioral health services could negatively impact on those at risk of incarceration.

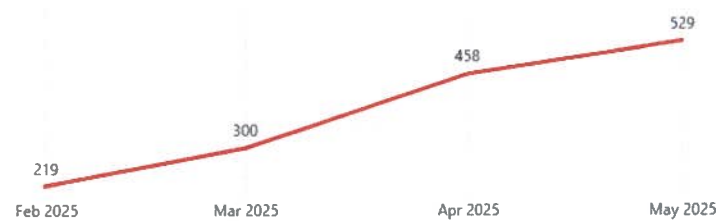
Proposition 36

Proposition 36 turns certain misdemeanors into felonies, requires magistrate review for pretrial release of additional arrestees, increases felony sentencing for theft and property damage, and creates a new court process for felony mandated treatment.

As of May 12, 2025, 529 individuals are in custody on Prop 36 related charges, which represents a 59 percent increase year-to-date from 219 earlier in the year. These are individuals who are being held in jail where prior to Prop 36 they would have faced lower-level felony or misdemeanor charges.

The biggest increase was seen between March and April of this year with a 35 percent increase.

Prop 36 Over Time



Month	N	Percent increase
February	219	-
March	300	27%
April	458	35%
May	529	13%

In May, an average of 26 individuals are admitted into custody on Prop 36 related charges on a weekly basis.

Generally, feedback from Departments suggests that the rapid increase in cases could strain the County's ability to provide the needed mental health housing and services, complicating efforts to close down MCJ.

Justice partners, including the Public Defender, the Alternate Public Defender, and the Independent Defense Counsel, report a sharp rise in felony caseloads and more clients with prolonged pretrial custody. This is due to the needed additional case preparation, need for mental health evaluations, and delays related to securing an expert to do so.

Senate Bill 43

Please note that SB 43 is not operational in LA County until January 1, 2026. SB 43 expands the definition of "gravely disabled" to include individuals unable to manage their personal safety and medical care due to having severe substance use disorders or co-occurring mental health disorders.

The expanded definition now allows for involuntary psychiatric holds and conservatorships for those who are gravely disabled under the new expanded definition.

Feedback from Department highlights the anticipated increase in the number of involuntary detention (5150s) because of the expanded definition, a potential impact to acute psychiatric facilities, emergency rooms and inpatient units and, a potential increase in the number of individuals referred to conservatorship. As a result, DMH and DHS may see an increase in demand for already limited subacute behavioral health

treatment beds and capacity impacts to acute psychiatric facilities. ODR reports it would limit their ability to expand services.

In addition, there is currently no reportable inventory of locked beds for substance use disorders, and to do so may require new community-based bed capacity.

Assembly Bill 1231

AB 1231 proposes to allow Courts to grant pretrial diversion for specific low-level, non-violent felonies, subject to certain conditions. Individuals charged with certain offenses could avoid incarceration by completing rehabilitative and diversion programs.

Department feedback highlights that a successful passage of AB 1231 would provide a welcomed alternative to incarceration for low-level, non-violent felonies without requiring a mental health diagnosis, which could significantly lower the County jail population.

There may, however, be a need for additional resources to assist justice partners develop diversion plans for eligible people.

Institute for Mental Disease (IMD) Exclusion / Medicaid Waiver 1115

The IMD Exclusion is a federal Medicaid policy that restrict federal funding for facilities providing mental health or substance use disorder treatment if they have more than 16 beds.

Medicaid Waiver 1115 allows Medi-Cal to cover specific and time-limited services in IMDs and allows people incarcerated in the County jail to apply for Medicaid up to 90 days before their release. It aims to enhance access to behavioral health and to support successful transitions to community-based care and housing.

Department feedback highlights how the IMD exclusion limits the County's ability to access Medicaid funding across the care continuum, limits mental health treatment capacity and increases Department reliance on direct County funding.

Department feedback on Medicaid Waiver 1115 centered around the impacts if the waiver were removed, which would significantly impact Medicaid programs, jeopardize the County's safety net system, potentially lead to hospital and clinic closures, and reduce revenue for pre-release programs and housing supports.

For instance, approximately 95 percent of DPH-SAPC beds in facilities are usually ineligible for federal funding due to sizing limitation, and reimbursement cuts could reduce service availability, affecting individuals transitioning from institutions.

The 90-day pre-release services in LA County jails under the CalAIM JI, part of Medicaid Waiver 1115, are expected to increase referrals to substance use disorder treatment providers once launched.